(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	City/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)
(Document Number)		
Certified Copies	Certificates of	f Status
Special Instructions to	o Filing Officer;	

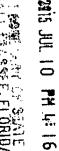
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: ALPE INVESTM	ENTS CORP.	
DOCUMENT NUM	BER:		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	ALCALDE, HUMBERTO		
		Name of Contact Person	1
	ALPE INVESTMENTS CO	RP.	
		Firm/ Company	
	11309 NW 79TH LANE.		
		Address	1.01.100.002
	DORAL, FL 33178		
		City/ State and Zip Cod	e
rube	n.alcalde@arissmedical.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
Humbo	erto Alcald	 \	582-4681
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ma	iling Address	Street	Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED
MIS JUL 10 PM 14: 16

ALPE INVESTMENTS CORP

(NI F.C	
(Name of Corporation as current	ntly filed with the Florida Dept. of States.
03000131455	TAL MINE
(Document Number	r of Corporation (if known)
. (Bocament Number	to Corporation (ii known)
ursuant to the provisions of section 607,1006, Florida Statutes, th	is Florida Profit Corporation adopts the following amendmen
s Articles of Incorporation:	
. If amending name, enter the new name of the corporation:	•
	N/A The new
ame must be distinguishable and contain the word "corporal Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or ord "chartered," "professional association," or the abbreviation	r "Co". A professional corporation name must contain the
E-to-serve advisor of the second section.	W/H
. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)	
,	
. Enter new mailing address, if applicable:	41/.0
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	N/A
. If amending the registered agent and/or registered office ad	ddress in Florida, enter the name of the
new registered agent and/or the new registered office addre	
W. CV. D. L. L.	h)/A
Name of New Registered Agent	
(Florida	street addressj
(Florida New Registered Office Address:	street address), Florida

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jon	es	
<u>X</u> Add	<u>sv</u>	Sally Smi		
Type of Action (Check One)	<u>Title</u>]	<u>Name</u>	<u>Addres</u> s
1) Change	D		RUBEN ALCALDE	11309 NW 79TH LANE
X Add		,		DORAL FL 33178
Remove				
2) Change				
Add				
Remove				
3) Change		<u> </u>		
Add				
Remove				
4) Change				
Add				
Remove				
		•		
5) Change				-
Add				
Remove				
6) Change				
Add				
Remove				

E. <u>If amending or adding additional Articles, enter change(s) here</u> : (Attach additional sheets, if necessary). (Be specific)	
N/A	
, <u>, , , , , , , , , , , , , , , , , , </u>	
, , , , , , , , , , , , , , , , , , , ,	
F. If an amendment provides for an exchange, reclassification, or cancella	ntion of issued shares,
provisions for implementing the amendment if not contained in the amendment is not contained in the amendmen	nendment itself:
N/A	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	l not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes east for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 07/03/15	
Signature	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	_
Humberto Alcalde	
(Typed or printed name of person signing)	
Director.	
(Title of person signing)	