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COVER LETTER

Division of Corporations	:
NAME OF CORPORATION: AR F/0	ORING Inc
DOCUMENT NUMBER: P0400035	5777
The enclosed Articles of Amendment and fee are submi	tted for filing.
Please return all correspondence concerning this matter	to the following:
Astunio Abo Name of Co	UIRRE ntact Person
Firm/ C	ompany
4444 S. Rio	Grande AUE, #510
ORlando, Fl	32839 nd Zip Code
Contonio agui 1070 E-mail address: No be used for future	annual report notification)
For further information concerning this matter, please ca	dl:
Antonio Abuirre at (407) 484-8060 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made paya	able to the Florida Department of State:
Certificate of Status	43.75 Filing Fee & □ \$52.50 Filing Fee Pertified Copy Certificate of Status Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Amendment Section Am Division of Corporations Div P.O. Box 6327 Clif Tallahassee, FL 32314 266	eet Address endment Section ision of Corporations iton Building 1 Executive Center Circle ahassee, FL 32301

Articles of Amendment to Articles of Incorporation

ηf

(Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number of Con	rporation (if known)	
Pursuant to the provisions of section 607.1006, Florida mendment(s) to its Articles of Incorporation:	Statutes, this Florida Profit	Corporation adopts the following
A. If amending name, enter the new name of the corpo	oration:	The new
name must be distinguishable and contain the word abbreviation "Corp.," "Inc.," or Co.," or the designation ame must contain the word "chartered," "professional a	on "Corp," "Inc," or "Co".	A professional corporation
3. <u>Enter new principal office address, if applicable:</u> Principal office address <u>MUST BE A STREET ADDRE</u>	SSS)	
		11 AUG -
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	FILED AH 9: 5
D. If amending the registered agent and/or registered new registered agent and/or the new registered office		ter the name of the
Name of New Registered Agent:	NA	_
New Registered Office Address:	(Florida street address)	
	(City) (Zi	, Florida ip Code)
New Registered Agent's Signature, if changing Registe hereby accept the appointment as registered agent. I am		e obligations of the position.
•	NA f New Registered Agent, if cho	
Signature of	f New Registered Agent, if cha	anging

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: (Altach additional sheets, if necessary)

<u>Title</u>	Name	<u>Address</u>	Type of Action
VP.	Samuel Portales	4444 S. Rid Gran Apt 522B Orlando, Fl	<u>de Au</u> Madd □ Remove 32839
			☐ Add☐ Remove
			☐ Add☐ Remove
	nding or adding additional Articles, ento additional sheets, if necessary). (Be spe		
provi	amendment provides for an exchange, resions for implementing the amendment is not applicable, indicate N/A)		
	NA		

The date of each amendment(s	s) adoption: 7-28-20/1		
Effective date if applicable:	(no more than 90 days after amendment file date)		
	(no more than 90 days after amendment file date)		
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.		
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):		
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval		
by	(voting group)		
((voting group)		
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder		
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder		
Dated	7/28/2011		
Signature). ef-to-to-to-		
selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)		
	Antonio Davine R.		
	(Typed or printed name of person signing)		
tresident			
	(Title of person signing)		