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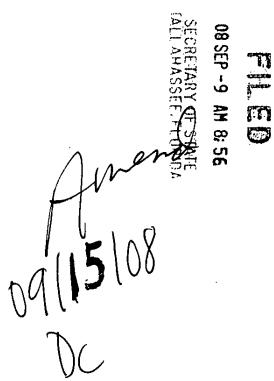
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COVER LETTER

ŤO: Amendment Section Division of Corporations

NAME OF CORPORATION:	AR ADVISORS, INC.
DOCUMENT NUMBER: <u>β 64 α</u>	000 13 0697
The enclosed Articles of Amendment and fee ar	e submitted for filing.
Please return all correspondence concerning this	s matter to the following:
ALYCE SC	CHREIBER
(Name o	f Contact Person)
(Fire	n/ Company)
18851 NE	29th Ace, # 306 Address)
•	,
AUCHTURA, FO	ate and Zip Code)
For further information concerning this matter, p	please call:
ALYCE SCHEELBER	at (305) 936-1775 (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$35 Filing Fee \$\times \text{Status}\$ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

UI TO TO THE PART OF THE PART	_
TRAFALGAR Advisors INC	S
(Name of corporation as currently filed with the Florida Dept. of State)	FP -9
P04 00 013 06 97	2 111
(Document number of corporation (if known)	œ
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporatio</i> adopts the following amendment(s) to its Articles of Incorporation:	on en
NEW CORPORATE NAME (if changing):	
(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.	
<u>AMENDMENTS ADOPTED</u> - (OTHER THAN NAME CHANGE) Indicate Article Number and/or Article Title(s) being amended, added or deleted: (<u>BE SPECIFIC</u>)	r(s)
Article II Privcipal Office: 3000 island blug # 1603, Aven	<u>w</u> eg FL33160
MAILING OFFICE: 15876 S.W. 26th St., HIEAMAR, 1	FL 33027
Article I offices/Directors:	
President: Heather Buich: 15876 SW 26th St., Mira WOY, Fr	<u>-</u> 33027
Director, Vice President: Robert Press 3000 island blue, #160	3 Aventura Fr
Secretory, Treas: INY Press 18851 NE 29th Aur, #306, Au	jertuna FL
Article II Registered Agent:	22100
Robert Press: 3000 island, blud. #306, Aventur	A, FC 33 160
(Attach additional pages if necessary)	
If an amendment provides for exchange, reclassification, or cancellation of issued shares, provides for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate the amendment itself) is a superior of the amendment itself.	sions ate N/A)
	
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(continued)

The date of each amendment(s) adoption: 9/8/08	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were approved 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 cast for the amendment(s) was/were sufficient for approval by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder actio and shareholder action was not required.	n
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	d
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)	
Robert Press (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President	
(Title of person signing)	

FILING FEE: \$35