P04000149416

(Req	uestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

是是一个人,我们是一个人,他们是一个人,他们是一个人,他们是一个人,他们是一个人,他们是一个人,他们是一个人,他们是一个人,他们是一个人,他们是一个人,他们是一个





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12/02/10--01009--015 **10.00

11/18/10--01007--015 **25.00



Amend News 12-2-10

COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: AR SOLUTIONS DOCUMENT NUMBER: \$ 14000 149416 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ANDRES PECIO. Name of Contact Person SOLUTIONS CURP. ANDRESRECIDE ARSLS. COM. E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: TAMA CARPENTER at (305) 868-7642

Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & □ \$52.50 Filing Fee □ \$35 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

10 DEC -1 AM 8: 20

SECRETARY OF STATE TALLAHASSEE, FLORIDA

November 23, 2010

JOEMY BLANCO A R SOLUTIONS CORP. 5880 COLLINS AVENUE, #1003 MIAMI BEACH, FL 33140

SUBJECT: A R SOLUTIONS CORP.

Ref. Number: P04000149416

We have received your document for A R SOLUTIONS CORP. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 010A00027491

Articles of Amendment to

Articles of Incorporation of

FILED

	0.				
AR SOLUT	IONS	WRP.		2010 DEC -1	_
(Name of Corporation as currently filed with the Florida Dept. of State)			of State)		
				SECRETARY TALLAHASSE	OF S
(Document Numbe	r of Corporati	on (if known)		· ····································	2. F (_
Pursuant to the provisions of section 607.1006, I amendment(s) to its Articles of Incorporation:	Florida Statute	es, this <i>Florida Pi</i>	rofit Corporati	on adopts the foll	owing
A. If amending name, enter the new name of th	e corporation	<u>ı:</u>			
				The new	
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the dename must contain the word "chartered," "profess.	signation "Co	orp," "Inc," or "C	o". A profess	rporated" or the ional corporation	
B. Enter new principal office address, if application (Principal office address MUST BE A STREET A		<u>5880</u> #1003	CULLIA	<u>15</u> AV	
		MIAMI	BEACH	FL, 3314	10,
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	5880 C	OLLÍNS	PW	
		# 1003 MIAMI	BEACH	Fr. 3311	4 o.
D. If amending the registered agent and/or registered agent and/or the new register			a, enter the na	me of the	
Name of New Registered Agent:	JOEMY	BLANCO	<u>, </u>		
New Registered Office Address:	5990 (Florid	COLLINS da street address)	AV # 10	03	
<u>~</u>	MTAMT (City)	BEACH	, Florida (Zip Code)	<u>3314</u> 0.	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agent			ot the obligation	ns of the position.	
	Jone !	Burrost			
Siģn	ature of New	Xxva Registered Agent,	if changing		

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) <u>Title</u> <u>Name</u> Address Type of Action _ 🗌 Add ☐ Remove ☐ Add Remove _____ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

The date of each amendment	(s) adoption: NOV. 24, 2010
Effective date if applicable:	(date of adoption is required) NUV- 29, 2010.
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.
	re 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 of	east for the amendment(s) was/were sufficient for approval
by	(voting group)
1	(voling group)
The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder
DatedN	W 2010.
Signature	Spone Revid
(By	a director, president or other officer – if directors or officers have not been
	cted, by an incorporator – if in the hands of a receiver, trustee, or other court pinted fiduciary by that fiduciary)
аррс	interest inductary)
	JOEMY BLANCU
	(Typed or printed name of person signing)
	menul Hamil
	(Title of person signing)