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(Re	questor's Name)	
(Ad	dress)	
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. (Cit	y/State/Zip/Phone	e #)
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SECRETARY OF STATE

APPROVEL AND FILED

May 1/2

COVER LETTER

· TO; Amendment Section
Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	Arista	Residential	Improvements In
DOCUMENT NUMBER:	P05000	00 67242	
The enclosed Articles of Amendmen	at and fee are sub	mitted for filing.	
Please return all correspondence cor	ncerning this matte	er to the following:	
- 1 		area del Contact Person	Rio
Ans-	ta lesia Firm	enhal Impr Company	ovements inc.
193) ن ده در	ne Ne. 80	ite 718
Su	1 se City/ State	e and Zip Code	60
E-mail addre	andy wio	a hotmo	uil. com
For further information concerning t	his matter, please	call:	
Name of Contact Person	• •		- 4229 e Telephone Number
Enclosed is a check for the following	g amount made pa	yable to the Florida Do	epartment of State:
\$35 Filing Fee \$43.75 Filing Certificate of	· · · · · · · · · · · · · · · · · · ·	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status ed) Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Ā D	treet Address mendment Section ivision of Corporations	3

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to	
	"APPRICE
Articles of Inco	orporation AND EL
of	NOW LED
. Ansta Residential Im (Name of Corporation as currently filed with to P050000 (Document Number of Corporation)	the Florida Dept. of State And See Sin
(Name of Corporation as currently filed with t	the Florida Dept. of State) 14,148
P05000	455 OF S74
Dogument Number of Cornerati	on (if known)
(Document Number of Corporate	on (it known)
rsuant to the provisions of section 607.1006, Florida Statute tendment(s) to its Articles of Incorporation:	es, this Florida Profit Corporation adopts the follo
If amending name, enter the new name of the corporation	<u>n:</u>
Arista stones Inc	The new
me must be distinguishable and contain the word "corporteriation "Corp.," "Inc.," or Co.," or the designation "Come must contain the word "chartered," "professional associa	orp," "Inc," or "Co". A professional corporation
Enter new principal office address, if applicable:	20900 NE 30th treme
incipal office address <u>MUST BE A STREET ADDRESS</u>)	suite 514
	Aventura, Fl. 33180
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	20900 NE 30th Ruenus
	Suite 514
	to the state of th
	Aven tota, F1. 33180
If amending the registered agent and/or registered office new registered agent and/or the new registered office add Name of New Registered Agent:	address in Florida, enter the name of the
new registered agent and/or the new registered office add Name of New Registered Agent:	address in Florida, enter the name of the lress:
new registered agent and/or the new registered office add Name of New Registered Agent:	address in Florida, enter the name of the
Name of New Registered Agent:	Aven to rac, F1. 33180 address in Florida, enter the name of the liress: cowns Ave. Suite 718 da street address)

Signature of New Registered Agent, if changing

The date of each amendment((s) adoption: 17-19-09
Effective date if applicable:	(date of adoption is required)
	(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	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
	e 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	ast for the amendment(s) was/were sufficient for approval
by	"
((voting group)
The amendment(s) was/were action was not required.	e adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	e adopted by the incorporators without shareholder action and shareholder
Dated	11-19-09
Signature	trally
	a director, president or other officer – if directors or officers have not been
	sted, by an incorporator – if in the hands of a receiver, trustee, or other court
арро	inted fiduciary by that fiduciary)
	Andrea due MO
	(Typed or printed name of person signing)
	President
	(Title of person signing)