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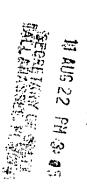
(Re	questor's Name)	
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COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPO	RATION: Arista Stones	Inc.	
DOCUMENT NUM	BER: P05000067242		
The enclosed Articles	of Amendment and fee are su	omitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
, 	Osca	r P. Infantas	
	(Name of	Contact Person)	
	Arista	Stones Inc.	
	(Firm	n/ Company)	
	19370 Colli	ns Ave. Suite 718	
	(Address)	
	Sunny Isles	Beach, FL 33160	
	(City/ Sta	te and Zip Code)	
		ristastones.com d for future annual report no	otification)
For further information	n concerning this matter, pleas	e call:	
Oscar P. Infantas		_{at (} 305 ₎ 907	-4358
(Name	of Contact Person)	(Area Code & D	Paytime Telephone Number)
Enclosed is a check for	or the following amount made p	payable to the Florida Depart	tment of State:
✓ \$35 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)
	ng Address	Street Address	,
	dment Section	Amendment Sect	
Division of Corporations P.O. Box 6327		Division of Corp Clifton Building	OTATIONS
Tallahassee, FL 32314		2661 Executive (Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ARISTA STONES INC.

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

P05000067242

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, the following amendment(s) to its Articles of In	, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts neorporation:
A. If amending name, enter the new name of	of the corporation:
The new name must be distinguishable and cabbreviation "Corp." or "Inc." "Company" or	contain the word "corporation" or "incorporated" or the or "Co," may not be used in the name.
B. Enter new principal office address, if app (Principal office address MUST BE A STREE	
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI	
D. If amending the registered agent and/or a	registered office address in Florida, enter the name of the
new registered agent and/or the new regi	
Name of New Registered Agent:	OSCAR P. INFANTAS
New Registered Office Address:	19370 Collins Ave. Suite 718 (Florida street address)
	Sunny Isles Beach, FL 33160 , Florida 33160 (City) (Zip Code)
New Registered Agent's Signature, if changi I hereby accept the appointment as registered position.	ng Registered Agent: d agent. I am familiar with and accept the obligations of the
	Signature of New Registered Agent, if changing

Page 1 of 3

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>Address</u> **Type of Action** <u>Title</u> **Name** PSD ANDREA V. DEL RIO 19370 COLLINS AVE SUITE 718 Add PSD OSCAR P. INFANTAS 19370 COLLINS AVE SUITE 716 Add SUNNY ISLES BEACH, FL 331 Remove ☐ Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

The date of each amendmen	nt(s) adoption: 08-01-2011
Effective date <u>if applicable</u> :	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/www.was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were irectors.
Dated 08-0	01-2011
Signature	A rough
(B _j	y the chairman or vice chairman of the board, president or other officer-if directors we not been selected, by an incorporator – if in the hands of a receiver, trustee, other court appointed fiduciary by that fiduciary)
	ANDREA V. DEL RIO
	(Typed or printed name of person signing)
	PSD
	(Title of person signing)

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