20000113378

(Re	equestor's Name)	
. (Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
. (Bu	siness Entity Nar	me)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	,	
		į

Office Use Only

a dros



000160992690

09/25/09--01005--019 **35.00



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORE	ORATION:	ARVE DEVELOPMENT, CO	ORP
DOCUMENT NU	MBER:	P07000072328	
The enclosed Artic	les of Amendment and fee	are submitted for filing.	
Please return all co	rrespondence concerning t	his matter to the following:	
	CARMEN M. PETERS Name of Contact Person		
		Name of Contact Leison	
FERNANDEZ BERGNES & ASSOCIATES, P.A			
		Firm/ Company	
	7490 WEST FLAGLER STREET		
		Address	
	MIAMI FL 33144		
, ,	·	City/ State and Zip Code	
	aferna E-mail address: (to be u	ndez@affbcpa.com sed for future annual report notification)	
For further inform	ation concerning this matte	r please call:	
	_	•	UE 5000
	of Contact Person	at (786) 39 Area Code & Daytime Tele	
		made payable to the Florida Departi	
	☐ \$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)
P.O. Box 6	nt Section Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	÷

Articles of Amendment to **Articles of Incorporation**

FILED

2009 SEP 25 PH 4: 07

SECRE TARY OF STATE
TALLAHASSEE, FLORIDA

Arve Development, Corp

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

P07000072328

(Document Number of Corporation (if known)

		The n
nme must be distinguishable and contain to breviation "Corp.," "Inc.," or Co.," or the ame must contain the word "chartered," "proj	designation "Corp," "Inc,	" or "Co". A professional corporati
Enter new principal office address, if application of the principal office address MUST BE A STREE		
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		
		Florida, enter the name of the
If amending the registered agent and/or r new registered agent and/or the new regis		Florida, enter the name of the
		Florida, enter the name of the
new registered agent and/or the new regis		
Name of New Registered Agent:	stered office address:	idress)
new registered agent and/or the new regis Name of New Registered Agent:	stered office address:	

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>	<u>Address</u>	Type of Action
VP Adriana	Adriana Dall'Armellina	18861 SW 74 CT Miami FL 33157	☑ Add ☐ Remove
	ling or adding additional Articles, enditional sheets, if necessary). (Be s		
provisio	nendment provides for an exchange, ons for implementing the amendmen ot applicable, indicate N/A)		

The date of each amendment(s) a	doption: 07/01/2009
	(date of adoption is required)
(no	more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were ad by the shareholders was/were so	lopted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
	proved by the shareholders through voting groups. The following statemen 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	,,,
(vot	ing group)
The amendment(s) was/were ad action was not required.	lopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were ad action was not required.	lopted by the incorporators without shareholder action and shareholder
	T 14, 2009
Signature (By a di	rector bresident 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
appointe	ed fiduciary by that fiduciary)
	Francisco J. Gonzalez
_	(Typed or printed name of person signing)
	President
_	(Title of person signing)