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Certified Copies	_ Certificates o	of Status
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SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: <u>PAN</u>	TERAS B.B.C. INTERNATIONAL, CORP.
DOCUMENT NUMBER: P0700011	6590
The enclosed Articles of Amendment a	nd fee are submitted for filing.
Please return all correspondence concer	ning this matter to the following:
	LUIS VERA . (Name of Contact Person)
	(Name of Contact Person)
PAN	ERAS B.B.C. INTERNATIONAL, CORP.
	(Firm/ Company)
	22150 SW 93 PLACE
	(Address)
(CUTLER BAY, FLORIDA 33190
For further information concerning this	(City/ State and Zip Code) matter, please call:
LUIS VERA	at (<u>305</u>) <u>5105737</u>
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following a	nount made payable to the Florida Department of State:
\$35 Filing Fee \$43.75 Filing Fe Certificate of Sta	
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

FILED	
2009 APR 23 PM 4: 1	
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A	rticles of Incorporation	200o	
	of	2009 APR 23	D _M
	••	SECRETAGE	<i>1</i> 7 :
PANTERAS B.B	.C. INTERNATIONAL	SECRETARY OF CORP. TALLAHAS SEE, I	SI
(Name of Corporation as cu	<u>irrently filed with the Florid</u>	a Dept. of State)	. L 0
	07000116590		
(Document)	Number of Corporation (if kno	wn)	
suant to the provisions of section 607. owing amendment(s) to its Articles of In		Ilorida Profit Corporation add	pts
If amending name, enter the new nam	e of the corporation:		
ARI TRADING, CORP.			_
e new name must be distinguishable corporated" or the abbreviation "Corpo". A professional corporation notion," or the abbreviation "P.A."	o.," "Inc.," or Co.," or the	designation "Corp," "Inc," o	r
Enter new principal office address, if_	applicable: N/A		_
incipal office address <u>MUST BE A STR</u>	REET ADDRESS)		
Enter new mailing address, if applica (Mailing address MAY BE A POST Of			- -
			_
If amending the registered agent and/ new registered agent and/or the new		n Florida, enter the name of t	_ <u>he</u>
		n Florida, enter the name of t	<u>he</u>
<u>Name of New Registered Agent:</u>	negistered office address: N/A N/A		he
new registered agent and/or the new	registered office address: N/A		<u>he</u>
Name of New Registered Agent:	negistered office address: N/A N/A		he

Signature of New 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
	N/A		
	N/A		
	N/A		
(attach o	additional sheets, if necessary). (Be sp	pecific)	
provis	amendment provides for an exchange, sions for implementing the amendment in applicable, indicate N/A)	reclassification, or cance t if not contained in the a	ellation of issued shares, mendment itself:
N/A			

Th	e date of each amendmen	t(s) adoption: 04/20/2009
Eff	ective date <u>if applicable</u> :	04/23/2009
	•	(no more than 90 days after amendment file date)
Ad	option of Amendment(s)	(CHECK ONE)
Ø		ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
		ere approved by the shareholders through voting groups. The following statemented for each voting group entitled to vote separately on the amendment(s):
	"The number of votes	s cast for the amendment(s) was/were sufficient for approval
	by N/A	
	•	(voting group)
-	The amendment(s) was/w action was not required.	ere adopted by the board of directors without shareholder action and shareholder
	The amendment(s) was/w action was not required.	ere adopted by the incorporators without shareholder action and shareholder
	Dated 04/2	0/2009 Etypyboak
	Signature	
•	se	y a director, president or other officer – if directors or officers have not been lected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
		LUIS VERA
		(Typed or printed name of person signing)
		DIRECTOR
		(Title of person signing)