P12000052019

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: DOCUMENT NUMBER:	ARKHAS P12	ENTER 000052		INC	
The enclosed Articles of Amendmen	n and fee are submitte	d for filing.			
Please return all correspondence cor	cerning this matter to	the following	g:		
	JULIO C	ESAR I	HERRE	RA	
	Nai	me of Contac	et Person		
	ARKHAS	ENTER	RPRISE	INC	
		Firm! Comp	pany		
14040 E	14040 BISCAYNE BLVD APT 913				
Address					
NORTH	MIAMI BEAG	CH, FL	33181		
<u> </u>	Cit	y/ State and 2	Zip Code		
ALEX.	GOMEZ@AL	.GOAC	COUNT	ING.COM	
E-mail a	ddress: (to be used for	future annua	al report noti	fication)	
For further information concerning this matter, please call:					
JULIO C HERF	RERA	at (516 ,	429-5408	
Name of Contact Per	son		Area Code &	Daytime Telephone Number	
Enclosed is a check for the following	Enclosed is a check for the following amount made payable to the Florida Department of State:				
•	cate of Status C	43.75 Filing ertified Copy additional cope nelosed)	y py is	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy (s enclosed)	
Mailing Address Amendment Secti Division of Corpo P.O. Box 6327 Tallahassee, FL 3	rations		Clifton Bui	t Section Corporations Iding Itive Center Circle	

Articles of Amendment Articles of Incorporation of

ARKHAS ENTE	RPRISE INC	
(Name of Corporation as currently filed with the F	Florida Dept. of State)	-
P1200005	2019	
(Document Number of Corporation (if known)	_
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following	g amendment(s) to
A. If amending name, enter the new name of the corporation:		
		_The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," 'Inc.," or word "chartered," "professional association." or the abbreviation	"Co" A professional corporation name must	bbreviation contain the
B. Enter new principal office address, if applicable:	14040 BISCAYNE BLVD	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	APT 913	-
	N MIAMI BEACH, FL 33181	-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	14040 BISCAYNE BLVD	
	APT 913	-
	N MIAMI BEACH, FL 33181	- - - Gi
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	ress in Florida, enter the name of the	<u> </u>
Name of New Registered Agent	<u>a</u>	. 60
- Hame of the Hegisteren tigeth		
(Florida st	reet address)	
New Registered Office Address: (City)	, Florida	: ω
(Ciny	ı (Zıp Codei	-
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent—I am familiar	t: with and accept the obligations of the position.	
Signature of New Registered	Agent, if changing	
	See 17 1,7 1,7	

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)

Please note the officer director title by the first letter of the office title.

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director, TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be <math>PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change. Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith. SV as an Add.

X Change	PT	John Do	<u>oe</u>	
X Remove	¥	Mike Jo	ones	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) X Change	PTD	<u> </u>	JULIO CESAR HERRERA	14040 BISCAYNE BLVD APT 913
Add				N MIAMI BEACH, FL 33181
Remove				
2) Change	PD		JUAN D SANTAMARIA	4151 SW 143RD AVE
Add		_		MIRAMAR, FL 33027
X Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

If an amendment provides for an exchange, reclassification, or cancellation of issued s provisions for implementing the amendment if not contained in the amendment itself (if not applicable, indicate N/A)	
provisions for implementing the amendment if not contained in the amendment itself	
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(ң пот аррисате, такан мл)	<u>:</u>

The date of each amendment(s) ac	loption:	, if other than the
date this document was signed. Effective date if applicable:	09/30/2013	
Energy date in apparence.	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	proved by the shareholders through voting groups. The following statement 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 [.]	(voting group)	•
	(voting group)	
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated	9/30/2013	
Signature		
(By a c	irector, resident or other officer - if directors or officers have not been	
	d, by an incorporator — if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
аррен	Julio C. HERREZZA	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	