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LAHASSEE, PLURID

AUG 12 2015

K. VVIIII

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ARBOREA CORP			
DOCUMENT NUMBE				
	Amendment and fee are su	bmitted for filing.		
Please return all correspo	ondence concerning this ma	tter to the following:		
		MARIA SAPIKAS		
	Name of Contact Person			
	ATHENS INTERNATIONAL LLC			
		Firm/ Company		
	4301 South Flamin	go Road Suite 106		
· –		Address		
	Davie, Florida 333	30		
_		City/ State and Zip Code	. <u></u>	
		•		
	mariasapikas@hotmail.c	om sed for future annual report		
	E-man address: (to be us	sed for future annual report	notification)	
For further information of	concerning this matter, pleas	se call:		
MARIA SAPIKAS		at (754	de & Daytime Telephone Number	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check for t	he following amount made	payable to the Florida Depa	urtment 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)	
Ameno Divisio P.O. B	deg Address diment Section on of Corporations ox 6327 assee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle assee, FL 32301	

Articles of Amendment to Articles of Incorporation of

- 41.77

ARBOREA CORP.

15 AUG | | AH 6: 33

(ivallie v	P12000	0080120	TALLAHAS	See, FLONDA	
· · · · · · · · · · · · · · · · · · ·	(Document Number	of Corporation (if I	(nown)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Co	orporation adopts the	following amendment(s)	
A. If amending name, enter the new na	ame of the corporation:			The new	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	"Co" A professi		or the abbreviation	
B. Enter new principal office address, if applicable:		626 Olive stre	626 Olive street circle		
(Principal office address <u>MUST BE A S</u>		Greenacres, F	Greenacres, Florida 33413		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		626 Olive stre	et circle		
		Greenacres, Florida 33413			
D. If amending the registered agent an new registered agent and/or the new			nter the name of the		
Name of New Registered Agent	YAMILYS C. AFRICAT	NO			
	626 Olive street circle				
	(Florida s	treet address)			
New Registered Office Address:	Greenacres		, Florida	33413	
		(City)		(Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist			ne obligations of the p	osition.	
	Yre oo al				
	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)

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 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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	P	Elia A. Gomez	626 Olive street circle
Add			Weston, FL 33413
Remove			
2) X Change	T	Elia A. Gomez	626 Olive street circle
Add			Weston, FI 33413
Remove			
3) X Change	S	Elia A. Gomez	626 Olive street circle
Add			Weston, FI 33413
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	lding additional Arti sheets, if necessary).	(Be specific)			
				***	- · · · · · ·
					
			- 1-11		
					
-		<u> </u>			
	provides for an exch	ange, reclassifica	tion, or cancellation	n of issued shares, dment itself:	
<u>provisions for im</u>	iplementing the ame able, indicate N/A)	nament it not con			
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provisions for im	nplementing the ame able, indicate N/A)	nament it not con			

08/06/2015	
The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
08/06/2015 Effective date if applicable:	
(no more than 90 days after	r amendment file date)
Note: If the date inserted in this block does not meet the applicable statute document's effective date on the Department of State's records.	ory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of by the shareholders was/were sufficient for approval.	votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting must be separately provided for each voting group entitled to vote separately provided.	
"The number of votes cast for the amendment(s) was/were sufficient	for approval
by	"
by(voting group)	
The amendment(s) was/were adopted by the board of directors without sha action was not required.	areholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareho action was not required.	older action and shareholder
08/06/2015 Dated	
Signature Elija & Gornes /	
(By a director, president or other office)—if dire	
selected, by an incorporator – if in the hands of a	a receiver, trustee, or other court
appointed fiduciary by that fiduciary)	
Elia A. Gomez	:
(Typed or printed name of per	rson signing)
President	
(Title of person si	igning)