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## **COVER LETTER**

Division of Corporations NAME OF CORPORATION: ARALIMO, INC. DOCUMENT NUMBER: P13000015935 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MARK S. SCHECHNER Name of Contact Person MARK S. SCHECHNER, P.A. ATTORNEY AT LAW Firm/ Company 2121 PONCIÇUE LEON BOULEVARD SUITE 711 Address CORAL GABLES, FLORIDA 33134 City/ State and Zip Code MARKSCHECHNER@AOL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MARK S. SCHECHNER at ( 305 ) 446-1621

Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □S52.50 Filing Fee □ \$35 Filing Fee **■**\$43.75 Filing Fee & □\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

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 to Articles of Incorporation of

ARALIMOJNC.

(Name o	of Corporation as currently	y filed with the Florida Dept. of State)		
P13000015935				
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006. Florida Statutes, this	Florida Profit Corporation adopts the fo	llowing amendment(	s) t
A. If amending name, enter the new na	nme 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 professional corporation name	the abbreviation	
R. Enter new principal office address	if annlicable:	12281 SW 46th STREET		
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		MIAMLEL 33175		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		12281 SW 46th STREET	18	
		MIAMLEL 33175		
				-1
D. If amending the registered agent ar new registered agent and/or the ne			3: 2	`
Name of New Registered Agent	MARK S. SCHECHNER		→ · · · · ·	
	2121 PONCE DE LEON E	BOULEVARD SUITE 711		
	(Florida str	eet address)	<del></del>	
New Registered Office Address:	CORAL GABLES	Florida	3134	
		(City)	(Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regis.	hanging Registered Agents wered agent. Yam familjar v	with and accupt the obligation of the pos	vition.	
	100			
	Signature of New R	egistered 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 <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.

Example: X Change	<u>PT</u>	<u>John Doe</u>	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	S/T	RAMON MILIAN-RODRIGUEZ	170 SE 14 STREET
Add			APT 2102
X Remove			MIAMI, FL 33131
2) Change	R/A	RAMON MILIAN-RODRIGUEZ	170 SE 14 STREET
Add			APT 2102
X Remove			MIAMI, FL 33131
3) Change	R/A	MARK S. SCHECHNER	2121 PONCE DE LEON BLVD
X Add			SUITE 711
Remove			CORAL GABLES, FL 33134
4) Change	V	GILBERTO M. MEILAN	12281 SW 46th STREET
X Add			MIAMI, FL 33175
Remove			
5) Change	S	ANTONIO MEILAN JR	12281 SW 46th STREET
X Add	<u>-</u>		MIAMI, FL 33175
Remove			
6) Change	Т	ALEJANDRO MEILAN	12281 SW 46th STREET
X Add	<del></del>		MIAMI, FL 33175
Remove			

f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	<u>Famending or adding additional Arti</u> Attach additional sheets, if necessary).	(Be specific)			
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	(if not applicable, indicate N/A)				
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The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this document's effective date on the Do	block does not meet the applicable statutory filing requirements, this date epartment of State's records.	will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were ad- by the shareholders was/were st	opted by the shareholders. The number of votes east for the amendment(s) afficient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	1
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	· · · · · · · · · · · · · · · · · · ·	
	(voting group)	
The amendment(s) was/were ad- action was not required.	opted by the board of directors without shareholder action and shareholder	
action was not required.	opted by the incorporators without shareholder action and shareholder	
J	ANUARY 24 2018	
DatedSignature	Tracely Weilan	
(By arc selecti	firector, president or other priice — if directors or officers have not been ed, by an incorporator — if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	
	ARACELY MEILAN	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	<del></del>