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TO: Amendment Section Division of Corporations				
NAME OF CORPORATION: ARISTOC	LIP, INC.			
DOCUMENT NUMBER: P130000282	272			
The enclosed Articles of Amendment and fee are sul				
Please return all correspondence concerning this mat	ter to the following:			
DOBSON, MA				
ARISTOCLIP,	Name of Contact Persor	<u> </u>		
Firm/ Company 2720 SUMMERDALE DRIVE				
CLEARWATER	R, FL 33761			
	City/ State and Zip Code	2		
matt@aristoclip.co				
E-mail address: (to be us	ed for future annual report	notification)		
For further information concerning this matter, pleas	e cail:			
MATT DOBSON	_{at (} 727	244-4285		
Name of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for the following amount made p	payable to the Florida Depa	rtment 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)		
Mailing Address Amendment Section		Address		
Amendment Section Division of Corporations	Amendment Section Division of Corporations			
P.O. Box 6327 Clifton Building				
Tallahassee, FL 32314		xecutive Center Circle ussee, FL 32301		

Articles of Amendment to Articles of Incorporation of

ARISTOCLIP, INC.		<u> </u>
(Name of Corporation as currently filed with the Flo	orida Dept, of State)	
(Document Number of Corporation (if k	known)	-
Pursuant to the provisions of section 607.1006, Florida Statutes, this Faits Articles of Incorporation:	lorida Profit Corporation adopts the following	ng amendment(s) to
A. If amending name, enter the new name of the corporation:		
N/A		_The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name must	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	14//	-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	- - -
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	ss in Florida, enter the name of the	- . स्
Name of New Registered Agent N/A		ಹ
		8 28 3
(Florida stree	et address)	
New Registered Office Address:	. Florida	- 🛂 💆
(City)	(Zip Code)	1 : 25
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	th and accept the obligations of the position.	
Signature of New Registered Ag	ent, 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.

Example: 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) Change	Т	MALLORY,	KENDON G	2720 SUMMERDALE DR
Add				CLEARWATER, FL 33761
Remove				
2) Change	PTD	MALLORY,	SUSAN J	2720 SUMMERDALE DR
Add		-		CLEARWATER, FL 33761
Remove				
3) Change	VSD	DOBSON, N	MATTHEW E	2720 SUMMERDALE DR
Add	<u> </u>	 		CLEARWATER, FL 33761
Remove				··· · · · · · · · · · · · · · · · · ·
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

(Aliai NA	ch additional sheets, if necessary). (Be specific)
W/A	
-	
. If an	amendment provides for an exchange, reclassification, or cancellation of issued shares,
pro	visions for implementing the amendment if not contained in the amendment itself:
174	(if not applicable, indicate N/A)
I/A	
	

The date of each amendment(s) adoption: 11 NOVEMBER 2013	, if other than the
date this document was signed.	
Effective date if applicable: 11 NOVEMBER 2013	
(no more than 90 days after amendment file date)	_
Adoption of Amendment(s) (CHECK ONF.)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 11 NOVEMBER 2013	
Signature Signature	
(By a director, president 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 appointed fiduciary by that fiduciary)	
MALLORY, SUSAN J	
(Typed or printed name of person signing)	—
PRESIDENT	
(Title of person signing)	