## P1400000 7535

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone #)	<u> </u>
PICK-UP	☐ WAIT	MAIL
(0.	siness Entity Name)	
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

**JUN -** 2 2015

**T CANNON** 

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: ARAMAN CO	PROPORATION			
DOCUMENT NUMBER: P14000007535				
The enclosed Articles of Amendment and fee ar	e submitted for filing.			
Please return all correspondence concerning this	matter to the following:			
Jose L Almarales				
	Name of Contact Person			
Professional Services Bo	Professional Services Bookkeeping Inc.			
	Firm/ Company			
736 NW 22nd Ave				
	Address			
Miami, Fl 33125				
	City/ State and Zip Code			
jose@professionalservicesmiar	mi com			
	be used for future annual report notification)			
13-man address. (to t	to receive annual report normedicary			
For further information concerning this matter, p	please call:			
Jose L ALmarales	at (305 ) 6423000			
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount m	ade payable to the Florida Department of State:			
\$35 Filing Fee	<del>-</del>			
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 to Articles of Incorporation



ARA MAN	CORPOR	ZATION	15 MAY 26 PM 2:	47
P14000	of Corporation as curren	tly filed with the Florida De	ept. of State)	
, , , , , , , , , , , , , , , , , , , ,	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation	adopts the following amend	ment(s) to
A. If amending name, enter the new na	me of the corporation:			
name must be distinguishable and con-	tain the around "comparet	ion 2 Company 2 or Uman	The n	
"Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	"Co". A professional corp.	oration name must contain i	the
B. Enter new principal office address, if applicable:		736 NW 22nd Av		
(Principal office address MUST BE A S		Miami, FL 33125		_
				_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		736 NW 22nd Av		_
,		Miami, FL 33125		_
				_
D. If amending the registered agent an new registered agent and/or the new			ame of the	
Name of New Registered Agent	Jose L ALmarales			
	736 NW 22nd Av			
	(Florida :	street address)		
New Registered Office Address:	Miami		, Florida	<del></del>
		(City)	(Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist			ions of the position.	
	Signature en New	Registered Agent, if changin	9	

## 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)

Remove

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	PT	John Doe		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address	
1) Change				
Add				
Remove				
2) Change			<del></del>	JAT 33
Add				SECKE TALLAH
Remove			2	ASS
3 ) Change			<u>P</u>	TARY OF IASSEE. F
Add			2:47	F STATE FLORIDA
Remove				IDA IE
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				

Attach additional sheets, if necessary).	(Be specific)	
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		<b>15</b>
		HAY
		26
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		2: 4
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		· —
f an amendment provides for an exc	change, reclassification, or cancellation of issued shares,	
provisions for implementing the am	endment if not contained in the amendment itself:	
(if not applicable, indicate $N/A$ )		

05/20/2015		
The date of each amendment(s) adoption:	, if oth	er than the
05/20/2015		
Effective date if applicable:		
(no more than 90 days after amendment file date)		
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be I	isted as the
Adoption of Amendment(s) (CHECK ONE)		
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	<u></u>	AE SE
(voting group)	<b>=</b>	<u> </u>
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	MAY 26	FILE
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	PM 2:	OF STA
05/21/2015 Dated	14	TE A
Signature - Manuel E ORTZ		
(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)	_	
Manuel E Ortiz		
(Typed or printed name of person signing)		<u> </u>
President		
(Title of person signing)		_

\_ \_ \_ \_ \_