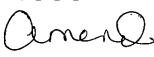
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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Amendment Section

Division of Corporations			
NAME OF CORPORATION: ARI	KA 17C 500001 8548		
The enclosed Articles of Amendment and fee are sub	omitted for filing.		
Please return all correspondence concerning this man	-		
·	·		
AR; Ke	Name of Contact Person		
_			
<u>AR:KA</u>			
	Firm/ Company		
<u> 3800 5 00</u>	ean Dr		
16.16.	Address NooD, FL 33019 City/ State and Zip Code		
	City/State and Zin Code		
	City state and Zip Code		
Ariela 2	2107 D Walla. Com		
E-mail address: (to be us	ed for future annual report notification)		
For further information concerning this matter, pleas	e call:		
AR: Kehati	at (786) 600 9174		
Name of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount made p	payable to the Florida Department of State:		
□ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address	Street Address		
Amendment Section Division of Corporations	Amendment Section Division of Corporations		
P.O. Box 6327	Clifton Building		
Tallahassee, FL 32314	2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation of

FILED

AR; KA	ldc.	2015 MAR 26	PH 12: 50
(Name of Corporation as curre	ently filed with the Flo	rida Dept. of State) 8 11 423	GF STATE
P150000	18548	TÁLLAHASSI	E. FLORIDA
(Document Nun	ber of Corporation (if	known)	
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:		lorida Profit Corporation adop	ots the following amendment(s) to
A. If amending name, enter the new name of	f the corporation:		
			The new
name must be distinguishable and contain to "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp," "Inc," or "C	Co". A professional corporation	ited" or the abbreviation on name must contain the
B. Enter new principal office address, if app (Principal office address MUST BE A STREE		3800 5 00 Hollywood	<u>Cean</u> Dr #1605 FL 33019
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI			tean Dr
		# 1603	
		Holly Wood	FL 33019
D. If amending the registered agent and/or	registered office addr	ess in Florida, enter the name	of the
new registered agent and/or the new reg	istered office address:	•	
Name of New Registered Agent		HATI	
_ ` _	5800 <u>S</u> 0	cean DY #10	603
New Registered Office Address:	Holly Wood	>, Florida	33019 (Zip Code)
New Registered Agent's Signature, if chang I hereby accept the appointment as registered	agent. I am familiar v	vith and accept the obligations	of the position.
Signat	ure of New Registered /	• • •	
	\mathcal{G}	resident & RA	Ŧ

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	PT John Doc	
X Remove	V Mike Jones	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change	V Guy OZ	18351 NE 19th AVE
Add	1	N. MIAMI BEACH
Remove		FL 33179
2) Change		
Add		
Remove		
3) Change		
Add		
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		
6) Change		
Add		
Remove		

tach additional sheets, if necessary).	(Be specific)			
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an amendment provides for an exclusions for implementing the ame	hange, reclassifica	ution, or cance	llation of issued	<u>shares,</u> e
(if not applicable, indicate N/A)	aument ii not co	atameu in me	amengment user	<u>l;</u>
MR Guy OZ	CIFTEN	50	Shave	s of
781.15	0.1.1	<u> </u>		
10 th 61.				
ARIKA IAC	<u> 70</u>	ARI	KEHAT	1
ARI KEHAT	1 No	w.	oud <	100
ARI KEHAT SHARES OF (100%) OF	- VV.	1210	(0) 6	105
SHAKES OF	- <u>HKI</u>	KM	INC.	
(100% OF	ARIKA	1dc		
\			,	

The date of each amendment(s) adoption: Mayor 23 2015 date this document was signed.	, if other than the
Effective date if applicable: Maych Z3 Z015 (no more than 90 days after amendment file date)	
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 east for the amendment(s) was/were sufficient for approval	
by	
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 March 23 2015	
Signature (By a director, president or other officer – if directors or officers have not been	
(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)	
(Typed or printed name of person signing)	
PRESIDENT (Title of person signing)	
(Title of person signing)	_