# P15000023850

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#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORP	ORPORATION: ARISTO TRANSPORT INC			
DOCUMENT NU	MBER:	P15000023850		
The enclosed Artic	les of Amendment and fee a	are submitted for filing.		
Please return all co	rrespondence concerning th	is matter to the following:		
-	<del></del>	WARREN D. REID		
	,	Name of Contact Person		
REID'S INCOME TAX & COMPUTER SER. LLC				
Firm/ Company				
5419 NORTH STATE ROAD 7				
Address				
TAMARAC, FL 33319-2921				
City/ State and Zip Code				
	reidsincon	metax@bellsouth.net		
	E-mail address: (to be use	netax@bellsouth.net ed for future annual report notification)		
For further informa	tion concerning this matter,	please call:		
W	ARREN D REID	at ( 954 )	717-0651	
Name	of Contact Person	Area Code & Daytime To	elephone Number	
Enclosed is a check	for the following amount n	nade payable to the Florida Depa	artment of State:	
✓ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Ad		Street Address		
Amendment Section			Amendment Section	
Division of Corporations		Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314			Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

### Articles of Amendment **Articles of Incorporation** of



15 MAY | | PM | 1: 03

#### ARISTO TRANSPORT INC

#### (Name of Corporation as currently filed with the Florida Dept. of State)

#### P15000023850

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.100 amendment(s) to its Articles of Incorporation:	.,	
A. If amending name, enter the new name o	f the corporation:	
		The new
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro	designation "Corp," "Inc	c," or "Co". A professional corporation
B. Enter new principal office address, if app	licable:	
(Principal office address <u>MUST BE A STREE</u>		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE)		
(muning duniess MAT BEAT OST OTTE	<u></u>	
		<del></del>
D. If amending the registered agent and/or r		n Florida, enter the name of the
new registered agent and/or the new regis	stered office address:	
Name of New Registered Agent:		
		···
Non Projectored Office, Advance	(Florida street c	I.L.
New Registered Office Address:	(rioriaa sireei e	aaress)
	<u></u>	, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing	ng Registered Agent:	
I hereby accept the appointment as registered a	gent. I am familiar with c	ind accept the obligations of the position.
	ignature of New Registere	d Agent if changing

Page 1 of 3

## 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>VP</u>	SYMONE HYDE	7111 NW 71ST STREET TAMARAC, FL 33321	Add Ø Remove
VP	SIMONE HYDE	7111 NW 71ST STREET	☑ Add □ Remove
	ling or adding additional Articles, e. dditional sheets, if necessary). (Be s		
<u>provisi</u> c	nendment provides for an exchange, ons for implementing the amendment of applicable, indicate N/A)	reclassification, or cancellation of at if not contained in the amendmen	issued shares, nt itself:

The date of each amendment	$t(s)$ adoption: $\frac{O^2}{C}$	1/22/2015			
Effective date if applicable:	04/22/2015	(date of adoption is re	equired)	stu (E)	
	(no more than S	00 days after amendment	file date)	GIVI30CD V	of all and the first
				15 HAY	PM 1:03
Adoption of Amendment(s)	( <u>CH</u>	IECK ONE)			
The amendment(s) was/we by the shareholders was/w			ber of votes cast	for the amendmen	t(s)
The amendment(s) was/we must be separately provide					nent
"The number of votes	cast for the amen	idment(s) was/were suffic	cient for approve	al	
by	(voting group)		·		
	(voting group)		_		
<ul><li>✓ The amendment(s) was/we action was not required.</li><li>✓ The amendment(s) was/we</li></ul>					der
action was not required.	VD/004 F				
Dated_04/2 Signature	Lieblen	Real			
		dent or other officer – if o			
	ected, by an incorpointed fiduciary l	porator – if in the hands by that fiduciary)	of a receiver, tru	istee, or other cour	l
		SHELDON R STE	WART		
	(Ту	ped or printed name of p	J		
		PRESIDEN <sup>-</sup>	Г		
	(Title o	f person signing)			