# P1500032170

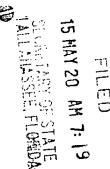
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#### **COVER LETTER**

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations					
NAME OF CORPORATION: ARFU// RENOVATION, INC.					
DOCUMENT NUMBER: P15 0000 32170					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
YESENIA R. ANARADO  Name of Contact Person  ARFUL RENOVATION, INC.  Firm/ Company					
Name of Contact Person					
ARFUIL RENOVATION, INC.					
Firm/ Company					
3670 DERBYSHIRE RD., APT. 112					
CASSE/BERRY, F/. 32707 City/State and Zin Code					
City/ State and Zip Code					
60rda_Bella 123 @ hotmail.com  E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call.					
FREY GARCIA at (407) 888-3535  Name of Contact Person Area Code & Daytime Telephone Number					
Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee \$\bigcup \text{\$43.75 Filing Fee & Certificate of Status} \text{\$\subseteq \text{\$43.75 Filing Fee & Certificate of Status} \text{\$\cup \text{\$43.75 Filing Fee & Certificate of Status} \text{\$\cup \text{\$Certificate of Status} \text{\$\cup \text{\$Certified Copy} \text{\$(Additional copy is enclosed)} \text{\$\cup \text{\$(Additional Copy is enclosed)}\$}					
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building					

2661 Executive Center Circle

Tallahassee, FL 32301

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

## ARFULL RENOVATION, INC.

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, Florida
(Zip Code)

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.

X Change	PT John Doe				
X Remove	V Mike Jones				
X Add	SV Sally Smith				
Type of Action (Check One)	<u>Title</u>	Name	Address		
1) <b>V-A</b> Change	<u>N-1</u>	N-A	N-A		
<i>N-A</i> Add					
<b>№</b> —A Remove					
2) MA Change	N-A	NA	N-A		
N-A Add			of manufacture of a state of the state of th		
<b>№</b> -A Remove		_			
3) <b>N-A</b> Change	<u>N-A</u>	N-A	N-A		
<u> </u>					
<u><b>N</b>∽A</u> Remove					
4) N-A Change	N-A	N-A	NA NA		
NA Add					
NA Remove					
5) NA Change	NA	N-A	N-A		
MA Add					
Mrf) Remove					
6) No Change	NA	N-A	N-A		
NcA Add	•				
Nrh Remove					

If amending or adding additional Art (Attach additional sheets, if necessary).	ficles, enter change(s) here: (Be specific)
White the state of	
·**	
***	-
PA	
If an amendment provides for an evol	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)  N-A	

The date of each amendment(s) adoption:	N-A		, if other than the
date this document was signed.			
-			
Effective date if applicable:	<i>N-H</i>		
	(no more than 90 days after ar	mendment file date)	
Note: If the date inserted in this block does not document's effective date on the Department of St	meet the applicable statutory tate's records.	filing requirements, this date	e will not be listed as the
Adoption of Amendment(s) (CHE	CK ONE)		
The amendment(s) was/were adopted by the sh by the shareholders was/were sufficient for app		otes cast for the amendment(s)	
☐ The amendment(s) was/were approved by the s must be separately provided for each voting g	shareholders through voting group entitled to vote separately	oups. The following statemen y on the amendment(s):	<i>nt</i>
"The number of votes cast for the amend	ment(s) was/were sufficient for	r approval	
by	- 18 <u>5. 19 5. 19 19 19 19 19 19 19 19 19 19 19 19 19 </u>	,,,	
(votin	ng group)" :		
The amendment(s) was/were adopted by the boaction was not required.	oard of directors without share	holder action and shareholder	
☐ The amendment(s) was/were adopted by the in action was not required.			
Dated05-14	1-2015		
Dated 05-14 Signature X Yesen	a R. Alvo	ialo	
· (By a director, presid	lent or other officer – if directo	ors or officers have not been	
	porator – if in the hands of a re	eceiver, trustee, or other court	
appointed fiduciary b	by that fiduciary)		
	YESENIA R. yped or printed name of perso	A/VARADO	
<b>(</b> 1	yped or printed name of perso	n signing)	
	PRESIDEN	<b>レ</b> フ	·
•	(Title of nerson sign	ina)	

11-15

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