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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Antonio Aron, Inc.
DOCUMENT NUMBER: P 150000 35 88 3
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Antonio Aron
Name of Contact Person
Firm/ Company
8243 NW 107th Path
Address
Doral, FL 33/78 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
E-mail address. (w be used to future aiman report notification)
For further information concerning this matter, please call:
Antonio Aron at 305, 498-4242
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 Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed) \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Amendment Section
Amendment Section Amendment Section Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to of Inc

Articles of Inc		C)
of		FILED
ANTONIO Aron, II		2 PH 3: 45
(Name of Corporation as current	ly filed with the Florida Dept. of I	Tate UL C YATE
P 150000 35 883)	WE FORE FIORIE
(Document Number o	of Corporation (if known)	LI AMAJOLL.
cursuant to the provisions of section 607.1006, Florida Statutes, this s Articles of Incorporation:	Florida Profit Corporation adopts	the following amendment(s
. If amending name, enter the new name of the corporation:		
\mathcal{N} / A		The new
ame must be distinguishable and contain the word "corporatio Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or " ord "chartered," "professional association," or the abbreviation	'Co". A professional corporation	
B. Enter new principal office address, if applicable:		
Principal office address <u>MUST BE A STREET ADDRESS</u>)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	- 10111	
. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX))
	\setminus \wedge \wedge \wedge \wedge \wedge \wedge \wedge	- \
. If amending the registered agent and/or registered office add	ress in Florida, enter the name of	the
new registered agent and/or the new registered office address		
Name of New Registered Agent	1/A	
Maine of New Verigiesea Victur	7 - 1	
	l	
	reet address)	
	reet address) (City)	rida(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 <math>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> <u>1</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	VP	José Fanelli	
X Add			Miami, FL 33155
Remove			
2) Change	_		
Add			
Remove			
3) Change			
Add	\		
Remove		•	
4) Change	<u></u>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add		`.	
Remove			

If amending or adding addition (Attach additional sheets, if nec	onal Articles, enter char lessary). (Be specific)	nge(s) here:		
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C 5				
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If an amendment provides for	an exchange, reclassifi	cation, or cancellation	of issued shares.	
provisions for implementing	the amendment if not c	ontained in the amendr	ment itself:	
(if not applicable, indicate	? N/A)			
J 17	<u> </u>			
<u> </u>		· · · ·		
		$\overline{}$		

The date of each amendment(s) adoption: June, 27, 2015	, if other than the
date this document was signed.	, 11 Outor than the
Effective date if applicable: JUNE, 27, 20/5 (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 listed 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"	
(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 6/27/2015	
Signature Monto On on	_
(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)	
Antonio Aron	····
(Typed or printed name of person signing)	
President.	
(Title of person signing)	