P15000083897

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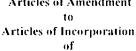
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COVER LETTER

		COVER LETTER		7.	
TO: Amendment Sect Division of Corpo				AND THE OWNER	
NAME OF CORPOR	RATION: ARNOLD IMPRO	OVEMENTS INC			
	BER: P15000083897			Q T	
The enclosed Articles	of Amendment and fee are st	abmitted for filing.		E.F.	
Please return all corres	spondence concerning this ma	tter to the following:			
	ELIWAR DECARVALHO				
	ERC CONSULTING INC	Name of Contact Person	1		
	Firm/ Company 4699 N FEDERAL HWY, SUITE 102E				
		Address	<u></u>		
	POMPANO BEACH, FI. 33				
		City/ State and Zip Code	2		
	E-mail address: (to be u	sed for future annual report	notification)		
For further information	n concerning this matter, plea	se call:			
		at () de & Daytime Telephone Number		
	of Contact Person r the following amount made		•		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Ame Divis P.O.	ling Address Indment Section Indment Section Industrial Section Industrial Section Sec	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle		

Tallahassee, FL 32301

Articles of Amendment



EN TO THE OF ARNOLD IMPROVEMENTS INC (Name of Corporation as currently filed with the Florida Dept. of State) P15000083897 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 1421 S OCEAN BLVD, UNIT 105 B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) POMPANO BEACH, FL 33062 C. Enter new mailing address, if applicable: 1421 S OCEAN BLVD, UNIT 105 (Mailing address MAY BE A POST OFFICE BOX) POMPANO BEACH, FL 33062 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: ARNOLDO CRISTOFOLINI JR Name of New Registered Agent 1421 S OCEAN BLVD, UNIT 105 (Florida street address) POMPANO BEACH New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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, Y = Vice President, T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = ChiefExecutive 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: XChange	PT	John Do	<u>ne</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Si	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) X Change	P, D		ARNOLDO CRISTOFOLINI JR	1421 S OCEAN BLVD, UNIT 105
Add				POMPANO BEACH, FL 33062
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
() Channe				
6) Change		_		
Add				
Remove				

Attach additional sheets, if necessary).	(Be specific)			
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-				
If an amendment provides for an exc	hange, reclassificatio	n, or cancellation	n of issued share	<u>S.</u>
provisions for implementing the amo (if not applicable, indicate N/A)	<u>endment it not contai</u>	ned in the amen	iment itself:	
(ij noi appiicame, inaeciie (vir)				
				•
				
				
				
				

	10/26/2017	
The date of each amendment(s	adoption:	, if other than the
date this document was signed.		
 Effective date if applicable:	0/26/2017	
<u>н аррисанс</u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing requirements, the Department of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendm sufficient for approval.	ent(s)
	approved by the shareholders through voting groups. The following sta for each voting group entitled to vote separately on the amendment(s):	tement
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareh	older
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholde	r
Signature	10/26/2017	
(By	a director, president or other officer - if directors or officers have not b	 een
sele	eted, by an incorporator – if in the hands of a receiver, trustee, or other	
арро	pinted fiduciary by that fiduciary)	
	ARNOLDO CRISTOFOLINI JR	
	(Typed or printed name of person signing)	
	PRESIDENT/DIRECTOR	
	(Title of person signing)	

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