## P15000101859

(R	equestor's Name)	
(A	ddress)	
A)	.ddress)	
(C	iity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
(C	Ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer.	
		-

Office Use Only



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## COVER LETTER

TO: Amendment Section Division of Corporations

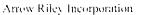
NAME OF CORPOR	ATION: Arrow Riley Inc	orporation	
DOCUMENT NUME	P15000104859		
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.	
Please return all corres	pondence concerning this ma	atter to the following:	
	Betsy Callas		
		Name of Contact Person	<u> </u>
	Arrow Riley Incorp	oration	
		Firm/ Company	
	15801 Archer Street		
		Address	
	Hudson, Florida 34	667	
		City' State and Zip Cod	e
	Brea	llas(g,earthlink.net	
		sed for future annual report	notification)
For further information	concerning this matter, plea	se call;	
Suc Gardner		at (	863-3404
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State;
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi: P.O.	ing Address indiment Section sion of Corporations Box 6327 thassee, F1, 32314	Amend Divisio Clifton	Address Iment Section In of Corporations Building Executive Center Circle

Tallahassee, FL 32301



## Articles of Amendment Articles of Incorporation οť





## (Name of Corporation as currently filed with the Florida Dept. of State) P15900101859

(Document Number of Corporation (if known)

m(s) to

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ime must be distinguishable and contai Corp.," "Inc.," or Co.," or the designati ord "chartered," "professional associatio	on "Corp," "Inc," or "Co". A p	pany," or "incorporated" or the abbrevi- rojessional corporation name must contain
Enter new principal office address, if a Principal office address <u>MUST BE A STR</u>	ipplicable:	\$ A
Enter new mailing address, if applica (Mailing address MAY BE A POST OF		A
	<del></del> -	
. If amending the registered agent and/o new registered agent and/or the new r	egistered office address:	rida, enter the name of the
		rida, enter the name of the
new registered agent and/or the new r	egistered office address:	rida, enter the name of the
new registered agent and/or the new r	egistered office address: Betsy Callas	
new registered agent and/or the new r	egistered office address: Betsy Callas 15801 Archer Street	

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; Vv Vice President, T= Treasurer; S= Secretary; D= Director; TR - Trustee, C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer - I) 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 Doc is listed as the PST and Mtke 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 Doc, PT as a Change. Mike Jones V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe	
X Remove	$\overline{\Lambda}$	Mike Jones	
$\underline{X}$ Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
Li Change	P	Bryan Strob	15801 Archer Street
Add			Hudson, Florida 34667
XX Remove			
2) Change	P	Betsy Callas	15801 Archer Street
XX Add			Hudson, Florida 34667
Remove			
3.) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			

<u>famending or adding additional A</u> Attach <i>additional sheets, if necessary</i>				
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f an amendment provides for an ex	change reclassifier	ition or cancellat	ion of issued share	
provisions for implementing the at	nendment if not co	ntained in the ame	ndment itself:	<u> </u>
(it not applicable, indicate N A)				
	·			
		<del></del>	<del></del>	·

March 10, 2017	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: March 10, 2017	
too more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the document's effective date on the Department of State's records.	his date will not be listed as the
Adoption of Amendment(s) (CHECK_ONE)	
The amendment(s) was were adopted by the shareholders. The number of votes east for the amenda by the shareholders was/were sufficient for approval.	neut(s)
☐ The amendment(s) was were approved by the shareholders through voting groups. The following st 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	
hy	
by	••
<ul> <li>□ The amendment(s) was were adopted by the board of directors without shareholder action and share action was not required.</li> <li>□ The amendment(s) was were adopted by the accorporators without shareholder action and sharehold</li> </ul>	
action was not required.	ic:
Dated 3/10/2017	
Signature 11By a director, pure dent or other officer - if directors or officers have not	lann
selected, by an incorporator - if in the hands of a receiver, trustee, or other appointed (fiduciary by that fiduciary)	
Bryan Strob	
(Typed or printed name of person signing)	
President	
(Title of person signing)	