P1000012403

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: ISTA INVESTME	NT INC		
DOCUMENT NUM	BER: P16000012403			
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:	·	
	MABEL ROMANIUK			
		Name of Contact Perso	n	
	MABEL ROMANIUK & AS	SOCIATES PA		
		Firm/ Company		
	1689 NE 123RD ST	i iiii Company		
		Address		
	NORTH MIAMI FL 33181			
		City/ State and Zip Cod	e	
MAI	BELROMANIUK@BELLSOU	JTH.NET		
	E-mail address: (to be us	sed for future annual report	notification)	
For further information MABEL ROMANIU	on concerning this matter, pleas	305	8932669	
	of Contact Person	at () de & Daytime Telephone Number	
	or 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)	
	iling Address		Address	
Amendment Section		Amendment Section		
	ision of Corporations . Box 6327	Division of Corporations Clifton Building		
	lahassee, FL 32314		Executive Center Circle	
1 4.1			assee, FL 32301	

Articles of Amendment to Articles of Incorporation of

ISTA INVESTMENT INC

(Name of Corporation	as currently filed with the Florida Dept. of State)
P16000012403	
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Sits Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corp	poration:
	The new "corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the bbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDR</u>	RESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ACT TO PACE TO
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	ين بي d office address in Florida, enter the name of the
Name of New Registered Agent	· · · · · · · · · · · · · · · · · · ·
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. It	tered Agent: am familiar with and accept the obligations of the position.
Signati	ure 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; 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 Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change	D	_	ALAN CATANACH	1687 NE 123RD ST
Add				NORTH MIAMI FL 33181
X Remove				
2) Change	D		HUSSEIN FARAMAWY	1687 NE 123RD ST
X Add				NORTH MIAMI FL 33181
Remove				
3) Change	<u>-</u>			
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
, Add				
Remove				

amending or adding additional stack additional sheets, if necess	sary). (Be specifi	<u> </u>			
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	<u>,, =,, =,, , , , , , , , , , , , , , , </u>	<u> </u>			
		······································			
an amendment provides for a	n evchange reclas	sification or can	cellation of issued	l shares	
rovisions for implementing the	e amendment if no	t contained in th	e amendment itse	elf:	
(if not applicable, indicate N	I/A)				
					
	- 				
			• • • •		
				4.4	

06/07/16	
The date of each amendment(s) adoption:	, if other than t
date this document was signed.	
Effective date if applicable:	
(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 locument's effective date on the Department of State's records.	date will not be listed as the
doption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendme by the shareholders was/were sufficient for approval.	nt(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
by" (voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	older
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Signature (By a director, president or other officer – if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other cappointed fiduciary by that fiduciary)	
BURAK TASAN	
(Typed or printed name of person signing)	· · · · · · · · · · · · · · · · · · ·
DIRECTOR	

(Title of person signing)