P160000 85899

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COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPOR	Aricorp Solutions ATION:	Inc.	
DOCUMENT NUMB	P16000085899 ER:		
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Brandon Flittner		
		Name of Contact Person	1
	PO Box 2548	Firm/ Company	
	Lutz, FL 33548	Address	
-		City/ State and Zip Cod	e
brand	onflittner23@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Brandon		813 at (334-1495)
Name o	f 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)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 hassee, FL 32314	Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Aricorp Solutions Inc.				
(Name of Corp. P16000085899	oration as current	ly filed with the Florida Dept.	of State)	
(D	ocument Number o	f Corporation (if known)		
Pursuant to the provisions of section 607.1006, F its Articles of Incorporation:	lorida Statutes, this	Florida Profit Corporation add	opts the following amend	ment(s) to
A. If amending name, enter the new name of the Aricorp Inc.	he corporation:		The n	new)
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "word "chartered," "professional association," o	Corp," "Inc," or "	'Co". A professional corporat	ated" or the abbreviati	ion
B. Enter new principal office address, if applie	rahle:	13336 N. Central Ave	.,	
(Principal office address MUST BE A STREET		Tampa, FL 33612	77	- 6000 4800
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			202	- V O
		PO Box 2548	E S	
		Lutz, FL 33548	TATE ORIGINA	T (
D. If amending the registered agent and/or renew registered agent and/or the new regist	ered office address		e of the	_
Cally I Name of New Registered Agent	E. Catania Esq.			
13336	N. Central Ave			
T	·	reet address)	02612	
New Registered Office Address:			33612 Florida	_
		(City)	(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agent			of the position.	
Cale	ly Le	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 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>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
·· A I) Change	р	Brandon Flittner	PO Box 2548
Add			Lutz, FL 33548
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
	,
If an amendment provides for an exch	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)	

	, if other than the
date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file date)	
(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 not document's effective date on the Department of State's records.	ot be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ 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"	
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.	
10/27/2016	
Dated	
Signature Beecelle Elieu	
(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)	
Brandon Flittner	
(Typed or printed name of person signing)	
President	
(Title of person signing)	