Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000313009 3)))



H170003130093ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : T20000000019 Phone

: (305)552-5973

Fax Number

: (305)675-5944

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Ema	il	Αd	dr	ess	:
-----	----	----	----	-----	---

## COR AMND/RESTATE/CORRECT OR O/D RESIGN ARO RIVER TRADING CORP

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

N:04 29

Electronic Filing Menu

Corporate Filing Menu

Help

NOV 3 0 2017

T. LEMMEUX

Articles of Amendment to Articles of Incorporation of H1700U313009

οf ARO RIVER TRADING CORP (Name of Corporation as currently filed with the Florida Dept. of State) P-17000091603 (Document Number of Corporation (if known) Fursuant 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 cornoration; 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." 10934 NW 40 STREET B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) SUNRISE FL 33351 C. Enter new mailing address, if applicable: 10934 NW 40 STREET (Mailing address MAY BE A POST OFFICE BOX) SUNRISE FL 33351 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: Name of New Registered Agent (Florida street address) Florida New Registered Office Address: (Zip Code) (Çity) 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

Page 1 of 4

11/29/2017 17:16

3055541061

LAZARUS TOTAL TAX PAGE 03/05

PAG 03/08

H17000313009

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and fide, 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 = Charmon 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. There should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	PI	Iohn Dog	
X Remove	Ā	Mike Jong	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>A</u> ddiress
i)Change			·
Add			
Remove			
2) Change			
Add		•	
Remove			
3)Change			
Add			
Kemove			
4) Charage		<u> </u>	
Add			:
Remove			
5) Change		<u> </u>	
Add		•	·
Remove			:
6)Cbange			
Add			
Remove			

PAG. 04/06

H17000313009

tinch adultional sheets, if necessary). (Be specific	<u>апре(s) here</u> : Э		
		· · · · · · · · · · · · · · · · · · ·	
		:	
	<del></del>	;	_
		<del></del>	
		:	
f an amendment provides for an exchange, reclas-	offication, or cancellat	on of issued thares,	
I an amendment provides for an exchange, recias-	st contained in The Airis	namen room	
provisions for implementing the amendment if no	II WHAT	:	
I an amendment provides for an exepange, recess provisions for implementing the amendment if no (if not applicable, indicate N/A)			
provisions for implementing the amendment if no			
provisions for implementing the amendment if no			
provisions for implementing the amendment if no			
provisions for implementing the amendment if no			
provisions for implementing the amendment if no			
provisions for implementing the amendment if no			
provisions for implementing the amendment if no			

11/29/2017 17:16 3055541061

LAZARUS TOTAL TAX PAGE 05/05

PAG. 05/06

H17000313009

The date of each amendment(s) adoption:		, if other than the
date this document was signed.		7
11/29/2017		•
Effective date if applicable:		
(	no more than 90 days after amendm	ent file dats)
Note: If the date inserted in this block does not document's effective date on the Department of St		requirements, this date will not be listed as the
Adoption of Amendment(a) (CHE	TK ONE)	
The amendment(s) was/were adopted by the shi by the shareholders was/were sufficient for app	usholders. The number of votes cas	t for the amendment(s)
The amendment(s) was/were approved by the si must be separately provided for each voting gr		
"The number of votes cast for the amoudo	nent(s) was/were sufficient for appro	yal
by		39
(voting	grow)	
☐ The amendment(s) was/were adopted by the boattion was not required.	ard of directors without shareholder	action and shareholder
☐ The amendment(s) was/were adopted by the incaction was not required.	orporators without shareholder actio	n und shareholder
November 29th, 2017 Dated		
Signature	The state of the s	
	nt or other officer—if directors or of orator—if in the hends of a receiver,	
appointed fiductory by		Marie of Order char
	ANTONELLA RIOS	
. (Ту	ped or primed name of person signin	2)
	PD	
	(Title of person signing)	