## P18000005479

(Re	questor's Name)	
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(Cit	y/State/Zip/Phon	e #)
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## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

NAME OF CORPO	RATION: AIJ INVESTMENT	TS INC	
DOCUMENT NUMI	P18000005479		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	WALDO GUTIERREZ		
		Name of Contact Person	1
		Firm/ Company	
	687 CARRIAGE HOUSE LN	NAPT 108	
	ALTAMONTE SPRINGS FI	Address	
	ALTAMONTE SPRINGS FI	City/ State and Zip Cod-	e
harro	sovaldivia@gmail.com		
	~ <b>~</b>	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
WALDO GUTIERRE	EZ	at ( <u>407</u>	5359284
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or 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)
Am Div P.O	endment Section ision of Corporations Box 6327 lahassee, 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

ΑIJ	INV	EST	`MEN	TS	INC

(Name of Corporation as curren	tly files hife for a Dest of State)
P18000005479	ALASTA RIVERFISHATES
(Document Number	of Control
ursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s
. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
3. Enter new principal office address, if applicable:	5261 NE 5TH AVE.
Principal office address <u>MUST BE A STREET ADDRESS</u> )	MIAMI FL 33137
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5261 NE 5TH AVE.
	MIAMI FL 33137
	The state of the s
<ul> <li>If amending the registered agent and/or registered office adenew registered agent and/or the new registered office address</li> </ul>	<u>dress in Florida, enter the name of the</u> ss:
Name of New Registered Agent	
(Florida s	treet address)
New Registered Office Address:	. Florida
	(City) (Zip Gode)
iew Registered Agent's Signature, if changing Registered Agen	
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; 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
1) XX Change	CEO	JUAN C. BARROSO	5261 NE 5TH AVE.
Add			MIAMI FL 33137
Remove			
2) XX Change	CFO	RAFAEL A. CIUDAD	5261 NE 5TH AVE.
Add			MIAMI FL 33137
Remove			
3) Change			
Add Remove			
4)ChangeAdd			
Remove			
5) Change \\ \ \ Add			
6) Change		-	
Remove			

Page 2 of 4

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	- 1720	
	hange, reclassification, or cancella	tion of issued shares,
amendment provides for an exc	endmont it not contained in the ar	iendment itself:
<u>visions for implementing the am</u>	endment if not contained in the an	
n amendment provides for an exc evisions for implementing the am (if not applicable, indicate N/A)	endment is not contained in the an	
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h may be also	02/06/2018	
The date of each amendment	i(s) adoption:	, if other than the
date this document was signed		
Effective date <u>if applicable</u> :	02/06/2018	
meenve date <u>mappitensie</u> .	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this he Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes east for the amendment ere sufficient for approval.	nt(s)
	re approved by the shareholders through voting groups. The following state ed for each voting group entitled to vote separately on the amendment(s):	ement
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
,	(voting group)	
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	older
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
02/0 Dated	6/2018	
Signature _		
	By a director, president or other officer—if directors or officers have not be elected, by an incorporator—if in the hands of a receiver, trustee, or other c	
	ppointed fiduciary by that fiduciary)	our
	WALDO GUTIERREZ	
	(Typed or printed name of person signing)	
	REGISTERED AGENT	
	(Title of person signing)	