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SEGRETARY OF STATE

FEB 12 2016

C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: CAROLINNE ROSSO INC			
DOCUMENT NUMBER: P16000005940			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this ma	tter to the following:		
ALINE DARMOUNI			
	Name of Contact Person		
ATRIUM CPA			
 	Firm/ Company		
44 WEST FLAGLER ST, ST	TE 2300		
	Address		
MIAMI, FL 33130			
	City/ State and Zip Code		
ad@atriumcpa.com	·		
	sed for future annual report notification)		
For further information concerning this matter, please ALINE DARMOUNI			
Name of Contact Person	at (305) 600-4405 Area Code & Daytime Telephone Number		
Name of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount made	payable to the Florida Department of State:		
\$35 Filing Fee \$Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

Articles of Amendment to Articles of Incorporation of

CAROLINNE ROSSO INC

(Name of Corporation as current	y filed with the Florida Dept. of State)		
P16000005940		茅山	70
(Document Number o	f Corporation (if known)	TT (2)	3
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the follow	ving ainendm	entit
A. If amending name, enter the new name of the corporation:		OF STA	R
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or " word "chartered," "professional association," or the abbreviation	Co". A professional corporation name mus		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		···-	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2020 NORTH BAYSHORE DRIVE, APT	Γ 2007	
	MIAMI, FL 33137	<u>_</u>	
D. If amending the registered agent and/or registered office addinew registered agent and/or the new registered office address			
Name of New Registered Agent		_	
(Florida str	eet address)		
New Registered Office Address:	(City), Florida_	p Code)	
		,	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar v	t with and accept the obligations of the position	7 .	
Signature of New R	egistered 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.

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>	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) Change			
Add -			
Remove			
3) Change	•••		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	***************************************		
Add			
Remove			

E. If amending or adding (Attach additional sheet)	additional Articles, ent s, if necessary). (Be sp	ter change(s) here pecific)	:		
EMPLOYER IDENTIFIC		• •			
					<u> </u>
		- ·- ·- · ·			
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			м .		
	· · · · · ·				
 					
7. If an arrandoned area		- 3 187 45	and Made and Classes		
F. If an amendment prov provisions for implem	enting the amendment	if not contained in	cancellation of issue the amendment its	ed snares, self:	
(if not applicable,	indicate N/A)				
			 -		
	,		· · · · · · · · · · · · · · · · · · ·		
·	 				
					

	(s) indoption:, if other than the
ate this document was signed.	FEBRUARY 1, 2016
ffective date <u>if applicable</u> :	
	tno more than 90 days after amendment file dater
	this block does not meet the applicable statutory filing requirements, this date will not be fisted as the be Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes east for the umendment(s) ere sufficient for approval.
☐ The amendment(s) was we must be separately provide	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendments):
	s cast for the amendment(s) was/were sufficient for approval
by	tvoting group)
	(Vaning group)
The amendment(s) was we action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder
FBB Dated	RUARY 1, 2016
Signature _	X Carshime Rona
! :	By a director, president or other officer – if directors or officers have not been beleated, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	CAROLINNE ROSSO
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)