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TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ARAEN ARMY, INC.
DOCUMENT NUMBER: N/5 0000 111 44
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Contact Person)
ARPIN ARMY, INC. (Firm/Company)
Po Box 370044
MIAMI FL 33137 (City) State and Zip Code)
E-mail address: (to be used for fiture annual report notification)
For further information concerning this matter, please call:
ALEXAMEN ARPEN at 786-390-4289 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee

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

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	Articles of Amendment	FILED
•	to Articles of Incorporation	
_	of	16 MAR -7 PH 10: 32
ARDE	N ARMY	INSCRETABLY OF STATE
(Name of Corporation a	as currently filed with the Flor	
11/8	2000 1114	14
(Docume)	ent Number of Corporation (if k	nown)
Pursuant to the provisions of section 617.1006, Flori amendment(s) to its Articles of Incorporation:	da Statutes, this <i>Florida Not Fo</i>	r Profit Corporation adopts the following
A. If amending name, enter the new name of the	corporation:	•
THE AR	DEN ARMY	The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name.	"corporation" or "incorporated	d" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AL	ole: /00/ DDRESS) SUITE	BUCKELL BAY DA
	_mim	1, FL 33/31
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	eox PO P	370044
	MIMM	FL 33137
		
D. If amending the registered agent and/or regist		enter the name of the
new registered agent and/or the new registere		
Name of New Registered Agent:	ALEX MUDI	OR ARDEN
/-	1001 BRICKOL	_
New Registered Office Address:	,	TO THE STATE OF TH

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

Florida _____ (Zip Code)

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 X Remove X Add	_	Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	P	ALEXANDER ARD	EN 1001 Briggeon Bry Dr STE 2700 MIAMI, FL 33131
2) Change	2		4RDO 1001 Bricksu Bry Dr. 57E 2700
Remove 3) Change Add Remove	エ	MARIA BETLUM	MIAM, FL 33,31 10 1000 BRUKEU BAY PR -5TE 7700 MIAM, FL 33131
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)
THE SPECIFIC PURPOSE FOR
WHICH THIS CORPORATION IS DREADIZED
THE PURIOSE IS FOR THE FORMATION
WHICH SHALL PROMOTE HOLISTIC
RELIGIOUS FATTHS IN AMERICA
AND WORLDWIPE.

	this document was signed. , if other than the thin document was signed.
Effe	(no more than 9) days after amendment file date)
	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ument's effective date on the Department of State's records.
Ado	option of Amendment(s) (<u>CHECK ONE</u>)
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
X	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
	Dated $\frac{3/3/2016}{}$
	Signature (By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or
	other court appointed fiduciary by that fiduciary) ALEXANDEN AR DEN (Typed or printed name of person signing)
	(Title of person signing)