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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ARGENTARA FIVE INC.		
DOCUMENT NUMBER: PO	0000047663	6
The enclosed Articles of Amendment and	fee are submitted for filing.	
Please return all correspondence concern	ing this matter to the following:	
	LUCA D'OTTONE (Name of Contact Person)	
•	Name of Contact Person)	
	ARGENTARA FIVE INC (Firm/ Company)	
	(Time Company)	
** · · · · · · · · · · · · · · · · · ·	5300 NW 77 CT (Address)	
	(Addicas)	//·/
<u> </u>	DORAL, FL, 33166 City/ State and Zip Code)	
For further information concerning this n	•	
LUCA D'OTTONE	at (<u>305</u>) <u>975-0897</u>	_
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
-	ount made payable to the Florida Department of State:	
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Statu		Status y
Mailing Address Amendment Section	Street Address Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

Articles of Amendment



(Zip Code)

Articles of Incorporation of ARGENTARA FIVE INC (Name of Corporation as currently filed with the Florida Dept. of State) P00000047663 (Document Number of Corporation (if known) Pursuant 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 corporation: The new 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." 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) 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: **EMILIO LARGO** Name of New Registered Agent: 5300 NW 77 CT (Florida street address) New Registered Office Address: DORAL , Florida <u>33166</u>

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.

(City)

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>P</u>	LUCA D'OTTONE	5300 NW 77 CT DORAL, FL, 33166	☐ Add ☐ Remove
<u>P</u>	EMILIO LARGO	5300 NW 77 CT DORAL FL 33166	Add Remove
			Add Remove
	nding or adding additional Article additional sheets, if necessary). (
provi		inge, reclassification, or cancellation lment if not contained in the amend	
ALL SHA	RES ARE NOW TRANSFERED TO	EMILIO LARGO.	100-100-100-100-100-100-100-100-100-100
		in the state of th	Albania de la constanta de la

Th	e date of each amendmen	t(s) adoption: <u>01/31/2009</u>		
Effective date <u>if applicable</u> :		04/15/2009		
	<u></u>	(no more than 90 days after amendment file date)		
Ad	option of Amendment(s)	(CHECK ONE)		
Ø		ere adopted by the shareholders. The number of votes east for the amendment(s) tere 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	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	,	(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/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder		
	Dated 04/1 Signature _ (B) sci	Ma XXIII		
		LUCA D'OTTONE		
		(Typed or printed name of person signing)		
		Р		
		(Title of person signing)		