# P09000007670

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#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORP	ORATION:	THREE60 INC.	<del></del>	
DOCUMENT NU	MBER:	P0900007670	<u></u>	
The enclosed Artic	les of Amendment and fee ar	e submitted for filing.		
Please return all co	rrespondence concerning this	s matter to the following:		
		JRIZIO CAVALIERI	<del></del>	
		THREE60 INC.		
		Firm/ Company		
	1000 ISLAND BLVD. #2810			
,		Address		
	AVENT	URA, FLORIDA 33160		
	Cì	ty/ State and Zip Code		
***************************************	m.cavalieri( E-mail address: (to be used	@artecitymiami.com I for future annual report notification)		
For further informa	ation concerning this matter,	please call:		
MAU	RIZIO CAVALIERI	at ( 786 ) 201  Area Code & Daytime Teleph	-1110	
Name	of Contact Person	Area Code & Daytime Teleph	one Number	
Enclosed is a check	for the following amount m	ade payable to the Florida Departme	ent of State:	
\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Ad Amendmen		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** to Articles of Incorporation

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#### THREE60 INC.

### (Name of Corporation as currently filed with the Florida Dept. of State) P09000007670

Pursuant to the provisions of section 607.1006, Flor amendment(s) to its Articles of Incorporation:	rida Statutes, this Fi	lorida Profit Corporation adopts the follow
A. If amending name, enter the new name of the c	orporation:	
name must be distinguishable and contain the wa abbreviation "Corp.," "Inc.," or Co.," or the design name must contain the word "chartered," "profession	nation "Corp," "Inc	," or "Co". A professional corporation
B. Enter new principal office address. if applicable (Principal office address MUST BE A STREET AD)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	2X)	
D. If amending the registered agent and/or registered new registered agent and/or the new registered		n Florida, enter the name of the
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	<del></del>
New Registered Office Address:	(Florida street a	address)
	(Clty)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Re		(Lip Coue)

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)

Title	Name	Address	Type of Action
<u> </u>	MOHIEDDIAN ZARIF	5200 LA GORCE DR. MIAMI BEACH, FLA, 33140	☑ Add ☐ Remove
			Add Remove
	M.E. (401 ) 100		Add Remove
	g or adding additional Articles, enter of tional sheets, if necessary). (Be specifically specifi		
provision	ndment provides for an exchange, recist of implementing the amendment if napplicable, indicate N/A)		

The date of each amendment	(s) adoption: 00/22/2009
Effective date if applicable:	06/22/09 adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	are adopted by the shareholders. The number of votes cast for the amendment(sere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement of the following statement of the same of the
"The number of votes	cast for the amendment(s) was/were sufficient for approval
by	(voting group)
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholde
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated	6/22/09 X
Signature _	7
scl	y a director, president or other officer - if directors or officers have not been ected, by an incorporator - if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	MAURIZIO CAVALIERI
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)