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Office Use Only



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SECRETARIAN SHARING STATES

JAN 2 2 2015 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Revolt App	arel Inc.	
DOCUMENT NUME	BER: P1000005365	55	
	of Amendment and fee are su		
Please return all corres	spondence concerning this ma	tter to the following:	•
	Lissett Sanchez		
		Name of Contact Perso	n
	OUTRANK BRAI	ND, INC.	
•		Firm/ Company	
	4463 SW 71st Av	/enue	
,		Address	
	Miami, FL 33155		
		City/ State and Zip Cod	e
mik	e@outrankbrand	.com	
		sed for future annual report	notification)
	•		
For further information	concerning this matter, pleas	se call:	
Lissett Sanchez		at (305	, 926-8968
Name of Contact Person			de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	urtment 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building xecutive Center Circle
		Tallahassee, FL 32301	

Articles of Amendment to Articles of Incorporation of

Nevolt Apparei IIIc.	
(Name of Corporation as currently filed with the	Florida Dept. of State)
P10000053655	- 产售 贡
(Document Number of Corporation	(if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	
A. If amending name, enter the new name of the corporation:	
OUTRANK BRAND, INC.	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."
B. Enter new principal office address, if applicable:	4463 SW 71st Avenue
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Miami, FL 33155
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4463 SW 71st Avenue
	Miami, FL 33155
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres	l <u>ress in Florida, enter the name of the</u> s:
Name of New Registered Agent N/A	·
(Florida st	reet address)
New Registered Office Address: N/A	, Florida
(City)	
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.
N/A 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>	<u>Name</u>	<u>Addres</u> s
1) Change	V	Lissett Sanchez	11245 SW 58th Terrace
✓ Add			Miami, FL 33173
Remove			
2) Change		N/A	
Add			
Remove			
3) Change		NA	
Add			
Remove			
4) Change		NA	
Add		·	
Remove			
5) Change		NA	
Add		,	
Remove			
6) Change		NA	
Add		•	
Remove			

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provisions for implementing the am (if not applicable, indicate N/A)	change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself:
provisions for implementing the am	change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself:
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provisions for implementing the am (if not applicable, indicate N/A)	change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself:

The date of each amendment(s) adoption:	, if other than th
Effective data if amplicables NIA	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	ent(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ement .
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(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/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 1/15/15	
Signature	
(By a director, president or other officer — if directors or officers have not be selected, by an incorporator — if in the hands of a receiver, trustee, or other cappointed fiduciary by that fiduciary)	
MICHAEL M. ACEVEDO	
(Typed or printed name of person signing)	<u></u>
PRESIDENT	
(Title of nerson signing)	