## P13000031774

Office Use Only



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04/04/14--01018--027 \*\*35.00

14 APR -4 FN 3-39

And 10.14

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPO                             | RATION: ORONATI                             | O FASHION, IN  | <b>IC</b>  |  |  |
|---|---|--|--|--|--|
| DOCUMENT NUM                              | <sub>BER:</sub> P1300003177                 | '4   |  |  |  |
| The enclosed Articles                     | of Amendment and fee are su                 | bmitted for filing.  |  |  |  |
| Please return all corre                   | spondence concerning this ma                | tter to the following:   |  |  |  |
|   | GIANLUCA CAR                                | ON   |  |  |  |
|   |   | Name of Contact Person   | n _  |  |  |
|   | ORONATIVO FA                                | SHION, INC   |  |  |  |
|   |   | Firm/ Company  |  |  |  |
|   | 12300 SOUTH SHORE BLVD #101                 |  |  |  |  |
|   | Address                                     |  |  |  |  |
|   | WELLINGTON, F                               | L 33414  |  |  |  |
|   |   | City/ State and Zip Code   | e  |  |  |
| INF                                       | O@PASSIONEQ                                 | .COM   |  |  |  |
|   | E-mail address: (to be us                   | sed for future annual report                                       | notification)  |  |  |
| For further informatio                    | n concerning this matter, pleas             | se call:   |  |  |  |
| GIANLUCA (                                | CARON                                       | at (561  | , 7274685  |  |  |
| Name                                      | of Contact Person                           |  | de & Daytime Telephone Number  |  |  |
| Enclosed is a check for                   | or the following amount made                | payable to the Florida Depa  | artment 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) |  |  |
|   | lling Address                               |  | Address  |  |  |
|   | endment Section                             | Amendment Section  |  |  |  |
| Division of Corporations<br>P.O. Box 6327 |   | Division of Corporations Clifton Building                          |  |  |  |
|   | ahassee, FL 32314                           |  | executive Center Circle  |  |  |
| 1 011                                     | uiu0500, 1 L 343 l T                        |  | acces FI 32301   |  |  |

## Articles of Amendment to Articles of Incorporation of

## ORONATIVO FASHION, INC.

| (Name of Company than an annual   |                           | ·                                     | · · · · · · · · · · · · · · · · · · · | <del></del>   |
|---|---------------------------|---------------------------------------|---------------------------------------|---------------|
|   | tly filed with the Flori  | ida Dept. of State)                   |                                       | ``            |
| 13000031774   |                           |                                       |                                       | _             |
| (Document Numb  | er of Corporation (if kn  | iown)                                 |                                       |               |
| suant to the provisions of section 607.1006, Fl<br>Articles of Incorporation:   | lorida Statutes, this Flo | rida Profit Corport                   | ntion adopts the follow               | ving amendmen |
| If amending name, enter the new name of t   | he corporation:           |                                       |                                       |               |
|   |                           |                                       |                                       | The new       |
| me must be distinguishable and contain the orp.," "Inc.," or Co.," or the designation "Cord "chartered," "professional association," or   | Corp," "Inc," or "Co"     | ". A professional                     |                                       |               |
| Enter new principal office address, if application in the second |                           |                                       |                                       |               |
|   | -                         |                                       |                                       | <del></del>   |
|   | -                         |                                       |                                       |               |
| Enter new mailing address, if applicable:   |                           |                                       |                                       |               |
| (Mailing address <u>MAY BE A POST OFFICE</u>  | <u> </u>                  |                                       |                                       | _             |
|   | -                         |                                       |                                       | _             |
|   |                           |                                       |                                       |               |
| If amending the registered agent and/or res   | victored office address   | in Florido, onter t                   | he name of the                        |               |
| new registered agent and/or the new registe   |                           | in Pioriua, enter i                   | ne name of the                        |               |
| Name of New Registered Agent  |                           |                                       |                                       |               |
|   |                           | · · · · · · · · · · · · · · · · · · · | <del></del>                           |               |
| Ampanings rightnesses   | (Florida street d         | address)                              | <u> </u>                              |               |
|   |                           | ,                                     | Florida                               |               |
| New Registered Office Address:  | (City)                    | ٠                                     | 101100                                |               |

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 <math>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:<br>X Change       | <u>PT</u>      | John Doe        |  |
|----------------------------|----------------|-----------------|--|
| X Remove                   | <u>v</u>       | Mike Jones      |  |
|                            | _<br><u>sv</u> | Sally Smith     |  |
|                            |                |                 | 411                                    |
| Type of Action (Check One) | <u>Title</u>   | Name            | Address                                |
| 1) Change                  | VP             | AARON TAYLOR    | 12773 W FOREST HILL STE # 1201         |
| Add                        |                |                 | WELLINGTON, FL 33414                   |
| Remove                     |                |                 |  |
| 2) Change                  | VP             | LUIGI VEDOVELLO | 12773 W FORES HILL STE # 1201          |
| Add                        |                |                 | WELLINGTON, FL 33414                   |
| Remove                     |                |                 |  |
| 3) Change                  |                |                 |  |
| Add                        |                |                 |  |
| Remove                     |                |                 |  |
| 4) Change                  |                | ·               |  |
| Add                        |                |                 |  |
| Remove                     |                |                 |  |
| 5) Change                  |                |                 |  |
| Add                        |                |                 |  |
| Remove                     |                |                 | ************************************** |
|                            |                |                 |  |
| 6) Change                  |                |                 | ····                                   |
| Add                        |                |                 |  |
| Remove                     |                |                 |  |

| If amending or adding additional Artic<br>Attach additional sheets, if necessary).                               | (Be specific)                             | DI HEFE:                            |                                      |  |
|--|---|-------------------------------------|--------------------------------------|--|
|  |   |                                     | <u> </u>                             |  |
|  | <u>,</u>                                  |                                     |                                      |  |
|  | <del></del>                               |                                     | •                                    |  |
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| <del>y .</del>   |   |                                     |                                      |  |
|  |   |                                     |                                      | ······································ |
|  |   |                                     |                                      | · <u> </u>                             |
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|  | ·····                                     |                                     |                                      |  |
|  |   |                                     |                                      |  |
|  |   |                                     |                                      | ••••••                                 |
| f an amendment provides for an exch<br>provisions for implementing the amer<br>(if not applicable, indicate N/A) | ange, reclassificat<br>ndment if not cont | ion, or cancelia<br>ained in the an | ition of issued s<br>nendment itself | hares,<br>i                            |
|  |   |                                     |                                      |  |
|  |   |                                     |                                      |  |
|  |   |                                     |                                      |  |
|  |   |                                     |                                      |  |
|  |   |                                     |                                      |  |
|  |   |                                     |                                      |  |
|  | ·   |                                     |                                      |  |

| The date of each amendment(s) ad                                | option:   | , if other than th |
|---|---|--------------------|
| date this document was signed.                                  | •   |                    |
| Effective date if applicable:                                   | (no more than 90 days after amendment file date)  | <del></del>        |
|   |   |                    |
| Adoption of Amendment(s)  | (CHECK ONE)   |                    |
| The amendment(s) was/were ado by the shareholders was/were suit | pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.  |                    |
|   | roved by the shareholders through voting groups. The following statement 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)  |                    |
|   | (voting group)  |                    |
| The amendment(s) was/were ado action was not required.          | pted by the board of directors without shareholder action and shareholder   |                    |
| The amendment(s) was/were ado action was not required.          | pted by the incorporators without shareholder action and shareholder  |                    |
| Dated_04/01/20  | 014   |                    |
| Dated   |   |                    |
| Signature   | Joan  |                    |
| (By a di  | rector, president or other officer - if directors or officers have not been   | <del></del>        |
|   | d, by an incorporator – if in the hands of a receiver, trustee, or other court  |                    |
| арронц  | ed fiduciary by that fiduciary)   |                    |
|   | GIANLUCA CARON  |                    |
| •   | (Typed or printed name of person signing)   | <del>_</del>       |
|   | PRESIDENT   |                    |
| •   | (Title of person signing)   |                    |