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SECRETARY OF STATE
TALLAHASSEE, Francisco

FEB 2 2 2016 T. LEMEUX



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	_ ()ronat	vo Fushion	, 9nc.
DOCUMENT NUMBER: P	13000031	M.4	
The enclosed Articles of Amendme	ent and fee are subm	itted for filing.	
Please return all correspondence co	oncerning this matter	to the following:	
14171 Well	+ Blackberi Ington, F	Address C 33 1-114. City/ State and Zip Code	2
E-mail	address: (to be used	GIL. COPA for future annual report	notification)
For further information concerning	this matter, please c	all:	
Giornica Ca Name of Contact Po	XON_ erson	at (at Co	de & Daytime Telephone Number
Enclosed is a check for the followi	ng amount made pay	able to the Florida Depa	ertment of State:
	75 Filing Fee & [S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Sec Division of Corp P.O. Box 6327 Tallahassee, FL	tion porations	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

Oranak	ivo fashion ,	Inc.		
	of Corporation as currently		Dept. of State)	
P 130000	317724			
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this a	Florida Profit Corporatio	on adopts the following a	imendment(s) to
A. If amending name, enter the new na	me of the corporation:			
			T	he new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "	Co". A professional cor	orporated" or the abbi	reviation
B. Enter new principal office address,				
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS)			
				
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)				
(Maning address MAT DE ATOST)	OFFICE BOX)			
				
D. If amending the registered agent an	d/or registered office addr	ess in Florida, enter the	name of the	
new registered agent and/or the new	w registered office address	:		
Name of New Registered Agent	<u>Giantica</u>	non		
	14174 Blackbe	eer address)		
Now Rometavad Office Addrage		J	Florida33_4	14
New Registered Office Address:	- WEITINGOTT	(City)	(Zip Coo	de)
New Registered Agent's Signature, if c I hereby accept the appointment as regist			tions of the position.	
			≥ ∞ •>	
	$C \sim \Lambda \sim$	5.0	LO A	
	Signature of New R	egistered Agent, if changi	FEB 2	
	Signature of iven N	estaterea Agent, ij enangt	//s 25/5/5/21	i i

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			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	-		
Add			
Remove			

in amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	Mach additional sheets, if necessary).	(Be specific)		
provisions for implementing the amendment if not contained in the amendment itself:				
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(if not applicable, indicate N/A)	provisions for implementing the ame	ndment if not contained i	n the amendment itse	l <u>f:</u>
	(if not applicable, indicate N/A)			
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The date of each amendment(s) adoption:	2113 117	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not document's effective date on the Department of St	t meet the applicable statutory filing requirements tate's records.	, this date will not be listed as the
Adoption of Amendment(s) (CHE	ECK ONE)	
☐ The amendment(s) was/were adopted by the sh by the shareholders was/were sufficient for ap	nareholders. The number of votes cast for the amer oproval.	ndment(s)
	shareholders through voting groups. The following group entitled to vote separately on the amendment	
"The number of votes cast for the amend		
by		
(votin	ng group)	
☐ The amendment(s) was/were adopted by the beaction was not required.	oard of directors without shareholder action and sh	areholder
The amendment(s) was/were adopted by the in action was not required.	ncorporators without shareholder action and shareholder	older
Dated 2/13/17		
paned		
Signature	\sim	
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selected, by an incorpangular selected, by an incorpangular by an incorpangular by an incorpangular by an incorp	porator – if in the hands of a receiver, trustee, or ot by that fiduciary)	her court
	•	
Gian	luca Caron	<u> </u>
(T	Typed or printed name of person signing)	
Presi	ident -	
	(Title of person signing)	