P14000062234

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL

D. C. C. C. C.
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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JIVISIGN OF CORPORATIONS

C. LEVILS
AUG 2 6 2014
EXTER

COVER LETTER

TO: Amendment Section

Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

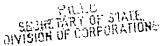
NAME OF CORPORATION: Armani 5501, INC DOCUMENT NUMBER: P14000062234						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Jennifer Hernande? Name of Contact Person Armani 5501 In C Firm/Company 444 brickell Ave Ste 760 Address Miami FL 33131 City/ State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Jennifer Hernandet at 305 721-4714 Name of Contact Person Area Code & Daytime Telephone Number						
Name of Contact Person Area Code & Daytime Telephone Number						
Enclosed is a check for the following amount made payable to the Florida Department of State:						
\$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status (Additional copy is enclosed) Certificate of Status Certified Copy (Additional Copy is enclosed)						
Mailing Address Amendment Section Street Address Amendment Section						

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Articles of Amendment to Articles of Incorporation



of 14 AUG 20 PM 2: 40

Armani 5501 inc	14 AUG ZU 111 22 11
(Name of Corporation as currently filed with the Florida Dept. of State)	
(Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> addits Articles of Incorporation:	pts the following amendment(s) to
A. If amending name, enter the new name of the corporation: Arm 5501, 100	The new
name must be distinguishable and contain the word "corporation," "company," or "incorpor "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporat word "chartered," "professional association," or the abbreviation "P.A."	ated" or the abbreviation ion name must contain the
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 namnew registered agent and/or the new registered office address:	e of the
Name of New Registered Agent (Florida street address)	
New Registered Office Address: , Florida_ (City)	(Zip Code)
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 Signature of New Registered Agent, if changing	of the position.

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			MIL
2) Change			
Add			
Remove			MI,
3) Change			
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Remove			- // // -
4) Change	45.0		MIH
Add			
Remove			
5) Change			
Add			7/1/
Remove			
6) Change			- <u> </u>
Add			
Remove			MII

an amendment provides for an exchange, reclassification, or cancellation of issued shares, rovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	ttach <i>addit</i>	g or adding tional sheets	, if necessa	y). (Be s	pecific)				
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The date of each amendment(s) adoption:	4/14	SECIETARY ONVISION OF C	OF SIALE ORPORATIONS	, if other than the
date this document was signed.	MID	14 AUG 20	PM 2: 40	_
Effective date <u>if applicable</u> :	(no more than 90 day			
Adoption of Amendment(s)	CHECK ONE)			
The amendment(s) was/were adopted by the shareholders was/were sufficient fo	he shareholders. The num or approval.	ber of votes cast for t	the amendment(s)	
The amendment(s) was/were approved by must be separately provided for each voti				
"The number of votes cast for the am	nendment(s) was/were suf	ficient for approval		
by	voting group)			
The amendment(s) was/were adopted by the action was not required.	he board of directors with	out shareholder action	n and shareholder	
The amendment(s) was/were adopted by the action was not required.	he incorporators without s	hareholder action and	d shareholder	
Dated	114	7		
selected, by an in	resident or other officer – ncorporator of in the har ary by that fiduciary)			_
<u>Lui</u>	S Felipe (Typed or prints	d name of person sign	Dinne)	
	Manager			
	∫ (Title of	person signing)		