P15000086463

(Requestor's Name)				
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(Cit	y/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
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(Document Number)				
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DEC 1 2016 C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: OUTING ART GALLERY, INC. DOCUMENT NUMBER: P15000086463 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: CRISTIAN GIACULLI Name of Contact Person G & GJ INTERNATIONAL INVESTMENTS Firm/ Company 20807 BISCAYNE BLVD, SUITE 104 Address AVENTURA, FL 33180 City/ State and Zip Code lavand@grgcpa.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: $at \ (\frac{305}{\text{Area Code \& Daytime Telephone Number}})$ CRISTIAN GIACULLI Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$52.50 Filing Fee ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee &

Certified Copy

enclosed)

(Additional copy is

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Certificate of Status

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Certificate of Status

Certified Copy

(Additional Copy is enclosed)

Articles of Amendment to Articles of Incorporation of



OUTING ART GALLERY, INC.

2016 NOV 29 PM 2: 29

(Name of Corporation as currently filed with the I	Florida Dept. of State)
P15000086463	
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or ' word "chartered," "professional association," or the abbreviation	'Co". A professional corporation 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 add new registered agent and/or the new registered office address	
Name of New Registered Agent	<u></u>
(Florida su	reet 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	
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>	Name	<u>Addres</u> s	
1) Change	٧	NELLY G. MONTICH	20807 BISCAYNE BLVD.	
Add			SUITE 104	
Remove			AVENTURA, FL 33180	
2) Change	Р	SERGIO M. RECCHIA	20807 BISCAYNE BLVD.	
Add			SUITE 104	
Remove			AVENTURA, FL 33180	
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
O Chanca				
6) Change				
Add			· · · · · · · · · · · · · · · · · · ·	
Remove				

	ding or adding ac additional sheets, i	if necessary).	(Be specific)			
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f an am	endment provid	es for an excha	inge, reclassific	ation, or cancel	lation of issued sh	ares,
provisio	ons for implemen	nting the amen	dment if not co	ntained in the a	mendment itself:	
(if i	not applicable, in	dicate N/A)				

**	FALL GODETARY OF SIGN
The date of each amendment(s) adoption:date this document was signed.	SECRETARY OF STATE than the style of the state of the sta
	2016 NOV 29 FH 2: 29
Effective date if applicable: (no more than	90 days after amendment file date)
(no more man	30 days after amenament fite dates
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. T by the shareholders was/were sufficient for approval.	he number of votes cast for the amendment(s)
The amendment(s) was/were approved by the shareholders the must be separately provided for each voting group entitled t	
"The number of votes cast for the amendment(s) was/w	ere sufficient for approval
by(voting group)	,,
(voting group)	
The amendment(s) was/were adopted by the board of directo action was not required.	rs without shareholder action and shareholder
The amendment(s) was/were adopted by the incorporators wi action was not required.	thout shareholder action and shareholder
Dated	<u>e</u>
Signature	
(By a director, president or other of	ficer – if directors or officers have not been
appointed fiduciary by that fiduciar	the hands of a receiver, trustee, or other court y)
NELLY G. MONTICH	ł
(Typed or	r printed name of person signing)
PRESIDENT	
(7	Fitle of person signing)