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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	RATION: ARL MARKETIN	IG, INC.	
DOCUMENT NUMI	D17000010201		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Steven Carlyle Cronig		
		Name of Contact Person	1
	Hinshaw & Culbertson LLP		
		Firm/ Company	
	2525 Ponce de Leon Bouleva	• •	
		Address	
	Coral Gables FL 33134		
		City/ State and Zip Cod	2
	this about a man		
Scc@	hinshawlaw.com	sed for future annual report	notification)
	n-man address. (10 be u	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
Steven Carlyle Croni	3	305	de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	S43.75 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		Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ARL MARKETING, INC.	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P17000010291	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amerits Articles of Incorporation:	l idment(s) to l
A. If amending name, enter the new name of the corporation:	new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbrevia "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain word "chartered," "professional association," or the abbreviation "P.A."	ation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1
	<u> </u>
	1
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 name of the new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida street address)	
New Revistered Office Address: Florida	
New Registered Office Address: , Florida (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 of the position.	
Signature of New Registered Agent, if changing	

Page 1 of 4

			i 1	
address of each Offic (Attach additional she Please note the officer P = President; V = Vi Executive Officer: Ch held. President, Treas Changes should be no	er and/or Direct tets, if necessary) director title by to ce President; T= FO = Chief Finant arer, Director wo ted in the following leaves the corpor	or being added: he first letter of the office title: Treasurer; S= Secretary; D= Director; T cial Officer. If an officer/director holds i uld be PTD, ng manner. Currently John Doe is listed a cation, Sally Smith is named the V and S. T	fficer/director being removed and title, name, and the first letter of each office, as the PST and Mike Jones is listed as the V. There is these should be noted as John Doe, PT as a Change,	
X Change	PT John	<u>ı Doe</u>		
X Remove	<u>V</u> <u>Mik</u>	Mike Jones		
X Add	<u>SV</u> <u>Sall</u>	y Smith		ì
Type of Action (Check One)	<u>Title</u> .	Name	<u>Addres</u> s	
1) Change	D	Michel Checoury	2525 Ponce de Leon Boulevard	
Add			Fourth Floor	
XX Remove			Coral Gables FL 33134	
2) Change	D	Marco Stefan Franck Cabrera	2525 Ponce de Leon Boulevard	
Add			Fourth Floor	
XXRemove			Coral Gables FL 33134	
3) Change	D/C00	Roland Fasel	2525 Ponce de Leon Boulevard	
XX Add			Fourth Floor	
Remove			Coral Gables Fl. 33134	
4) Change	D/CFO	Paul Harrison	2525 Ponce de Leon Boulevard	
XX Add			Fourth Floor	
Remove			Coral Gables FL 33134	
Ō) Change				
Add				
Remove				
5) Change				
Add	. –			
Remove				

(Attach additional sheets, if necessary).	(Be specific)	\
ot.Applicable		- \
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	1 10 12 and a little of the same	
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
ot Applicable		

See text of Second Amendment	1
The date of each amendment(s) adoption:	_, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	1
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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)	l
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 10/5/17	
Signature Signature Signature	_
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court	1
appointed fiduciary by that fiduciary)	\
Jayne Ellen Bystrom	
(Typed or printed name of person signing)	
Director	
(Title of person signing)	