P19000063933

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TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Ares International	Inc.				
DOCUMENT NUM	BER: P19000063933					
	of Amendment and fee are su	bmitted for filing.				
Please return all corre	spondence concerning this ma	tter to the following:				
	Anthony Spagnoletti					
	Name of Contact Person					
	Ares International Inc.					
		Firm/ Company				
	2513 Cumberland Cliff Dr					
		Address				
	Ruskin, FL 33570					
		City/ State and Zip Co	de			
	ajspagnoletti25@gmail.com					
	E-mail address: (to be us	sed for future annual repor	rt notification)			
	on concerning this matter, pleas		550,0047			
Anthony Spagnoletti	D	at (ode & Daytime Telephone Number			
Name	of Contact Person	Area C	ode & Daytime Telephone Number			
Enclosed is a check for	or the following amount made	payable to the Florida Dep	partment of State:			
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	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 Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amen Divisi The C 2415	t Address Idment Section Idment Sect			

Articles of Amendment to Articles of Incorporation of

Ares International Inc.	
(Name of Corporation as cu	rrently filed with the Florida Dept. of State)
P19000063933	
(Document Num	nber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	on:
name must he distinguishable and contain the word "corporatio "Inc.," or Co.," or the designation "Corp," "Inc," or "Co "chartered," "professional association," or the abbreviation"	The new on, ""company," or "incorporated" or the abbreviation "Corp.," o". A professional corporation name must contain the word "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	2
	20 0 A.
	A.
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	7
	P
	
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D. If amending the registered agent and/or registered office	anddraw in Florida onter the name of the
new registered agent and/or the new registered office ad	
Name of Vina Boulet and Anne	
Name of New Registered Agent	
(Flor	rida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
Now Bookstaned Agent's Standance if the aging Deviationed	Agout
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fam	Agent: niliar with and accept the obligations of the position.
	· · · · · · · · · · · · · · · · · · ·
Signature of N	New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

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.

X Change	171	John 190e	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1)Change	VP.	Katrina Smith Spagwoketti	2513 Cumberland Cliff Dr
X Add			Ruskin, FL 33570
Remove			
2) Change			
Add			
Remove 3) Change		_	
Add			
Remove			
4) Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach ad	ng or adding addit ditional sheets, if no	rcessary). (Be	specific)	<u> </u>		
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provision	ndment provides for implementin	<u>or an exchange.</u> g the amendme	<u>, reclassification</u> ent if not conta	on, or cancellati ined in the ame	<u>on of issued shar</u> ndment itself:	es,
(if no	ot applicable, indica	tte N/A)				
					<u> </u>	
			 			
-						
						

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The date of each amendment(s	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	8/14/20	
<u> </u>	100 more than 90 days after amenda	nent file date)
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing Department of State's records.	g requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors w	ithout shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes ca sufficient for approval.	ist for the amendment(s)
☐ The amendment(s) was/were must be separately provided.	approved by the shareholders through voting groups. For each voting group entitled to vote separately on the	The following statement he amendment(s):
"The number of votes of	ast for the amendment(s) was/were sufficient for app.	roval
by	(voting group)	'''
,	(voting group)	
08/14/20 Dated Signature	020 Coll A.	
(By sele	director, president or other officer – if directors or exted, by an incorporator – if in the hands of a receive pinted fiduciary by that fiduciary)	
	Anthony Spagnoletti	
	(Typed or printed name of person sign	ing)
	President	
	(Title of person signing)	