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· TO: Amendment Section

Division of Corporations		
NAME OF CORPORATION: ARMANIS	ASHY, INC.	
DOCUMENT NUMBER: P1900007246		
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
CRISTIAN GIAC	ULLI	
	Name of Contact Persor	1
G&GJ INTERNA		
	Firm/ Company	
20807 BISCAYN	E BLVD. STE10	4
	Address	-
AVENTURA, FL	33180	
	City/ State and Zip Code	2
ggjiinvestment@gma	ail com	
	sed for future annual report	notification)
For further information concerning this matter, pleas	se call:	
MACARENA ANGLADA	at (305	de & Daytime Telephone Number
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	ortment of State:
□ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address	Street	Address
Amendment Section	Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center C		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ARMANI SASHY, INC.		
(Name of Corporation as currently filed with the Flo	rida Dept. of State)	
P19000072462		
(Document Number of Corporation (if k	nown)	
Pursuant to the provisions of section 607.1006 , Florida Statutes, this Fi its Articles of Incorporation:	orida Profit Corporation adopts the following amendme	ent(s)
A. If amending name, enter the new name of the corporation:		
ARM SASHY 2019 CORP	The new	11'
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	" "company," or "incorporated" or the abbreviation o". A professional corporation name must contain the	<i>n</i>
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
	<u>></u> :	
C. Enter new mailing address, if applicable:	9 NC	_
(Mailing address MAY BE A POST OFFICE BOX)]
		- 1
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D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	is in Florida, enter the name of the	
Name of New Registered Agent		
(Florida stree	t address)	
New Registered Office Address:	Florida	
(City)	(7.tp Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	h and accept the obligations of the position.	
Signature of New Registered Ag	ent, 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>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add Remove			
2) Change			<u> </u>
Add			
Remove			
3) Change		<u></u>	
Add			
Remove			26 Nr.
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary). (Be specific)	
Action additional sixers, y necessary). (be specific)	
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If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	17
provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	2
	26
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The date of each amendment(s) adoption:	_, if other than the
date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file date)	_
(no more than 90 days after amendment file date)	
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.	
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)	
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 10/21/20/9/ 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 appointed fiduciary by that fiduciary)	F II ED
MARIEL CLAUDIA MASTELLONE	_
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	_