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COVER LETTER

Division of Corporations NAME OF CORPORATION: GIOVAHMA & FAMILY COL The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: GIOVANNA P. TONNES. GIOVAHHA & FAMILY COMP.
Firm/ Company 3268 Sw 143 PL.
Address 1910H1 FC 33175
City/State and Zin Code CIDVANNA TONNES 22 @ HOTTAN . COM
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: CIDVANNA TENNES. at (305) 904-9490.

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: \$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee ☐ \$35 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

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

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation

	FO. O. W. C. O. O. O.	
GIDVANNA 87		
	filed with the Florida Dept. of State)	
P2000013	Corporation (if known)	_
(Document Number of	Corporation (II known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	Torida Profit Corporation adopts the following amendment(s):	to
A. If amending name, enter the new name of the corporation:		
N/A.	The new	
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Corp.,"	
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A.	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A.	
D. If amending the registered agent and/or registered office address: Name of New Registered Agent	ess in Florida, enter the name of the	
mon of their register earligen		
(Florida stree	N//0	
	City) . Florida	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent.—I am familiar wi	ith and accept the obligations of the position.	
	∾	7
~/.		••
Signature of New Reg	gistered Agent, if changing	
Check if applicable \square The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e	22. € 75.6	A.

N/A.	
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> <u>Jol</u>	nn Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>SV</u> <u>Sa</u>	Ily Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	PT	JOAQUIN A. SANCHEZ	3268 SW143 PC
Add			MIAMI, FL 33175
Remove			
2) X Change	\mathcal{T}	GIOVAHNA P. TORNES	3268 SW 143 PL
Add			MIDMI, FL 33175
Remove Change	\mathcal{P}	NELSON DENEZ	218 NW/2 AVE
X Add			<i>#70</i> 3
Remove			MIDTH FL 33128
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attac	additional she	ig additional Art ets, if necessary).	(Be specific)	ngetsy nere.			
			7/	A			
						 	
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<u></u>							
							
prov	mendment pro isions for imple if not applicable	wides for an exclude menting the ame	nange, reclassif endment if not g	ication, or cance contained in the	llation of issued amendment its	<u>l shareş,</u> elf:	
`	<i>y</i>	,,					
		***	N/A	<u> </u>			
			<u> </u>				

The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Effective date if applicable:	6/14/21	
	(no more than 90 days after amendment file	date)
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing require partment of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ado action was not required.	oted by the incorporators, or board of directors without sl	hareholder action and shareholder
The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes east for the ficient for approval.	ne amendment(s)
	roved by the shareholders through voting groups. The foreach voting group entitled to vote separately on the amen	
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by	."	
, 	(voting group)	
(By a selected	21. 2021. Light Low Low Compression of the control	e, or other court
-	(Typed or printed name of person signing)	<u> </u>
-	TREASUREN.	
	(Title of person signing)	