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SER G FRIEDRA

FISCHLER & FRIEDMAN, P.A.

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MICHAEL A. FISCHLER'
CERTIFIED CIRCUIT & FAMILY COURT MEDIATOR
QUALIFIED ARBITRATOR

HOWARD S. FRIEDMAN'
FAMILY AND MARITAL LAW
LISA K. BENNETT'
FAMILY AND MARITAL LAW

ALSO MEMBER FEDERAL BAR

November 18, 2015

CERTIFIED MAIL-RETURN RECEIPT REQUESTED - 7015 0640 0002 1215 4860

Florida Department of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

Attention:

Amendment Section

RE:

GIORDAN WEISS, INC. Document No. P01000098924

Dear Sir or Madam:

We are enclosing an original and one copy of Articles of Amendment to Articles of Incorporation of GIORDAN WEISS, INC., along with this firm's Check in the amount of \$35.00, representing the fee for filing same. Please return a stamped copy to our office in the self-addressed envelope enclosed herein. If any further information is required concerning this matter, please do not he sitate to contact our office.

Thank you for your cooperation in processing this Amendment...

Very truly yours,

FISCHLER & FRIEDMAN, P.A

MICHAEL A. FISCHLER

For the Firm MAF/jts Enc.

cc: Giordan Weiss, Inc

Articles of Amendment to Articles of Incorporation of

GIORDAN WEISS, INC.

(Name of Corporation	n as currently filed with the Florida Dept. of State)
	P01000098924
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the cor	rporation:
	The new
	I "corporation," "company," or "incorporated" or the abbreviation ""Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDI	
	to the last section of the
C. Patronio and the address of an electric	me =
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	
	97
	2
D. If amending the registered agent and/or registere	ed office address in Florida, enter the name of the
new registered agent and/or the new registered o	office address:
Name of New Registered Agent	
Name of New Registered Agent	
	(Florida street address)
	(Fiorital Siret Chairesty
New Registered Office Address:	, Florida
	(City) (Elp (ione)
New Registered Agent's Signature, if changing Regis	stered Agent:
	am familiar with and accept the obligations of the position.
Ciono	ture of New Registered Agent, if changing
Signa	ume of tren regimeren ukem, û enaukmk

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 anti/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	<u>PT</u>	John Doe			
X Remove	<u>v</u>	Mike Jones			
X Add	<u>sv</u>	Sally Sr	<u>nith</u>		
Type of Action (Check One)	Title		Name	<u>Addres</u> s	
1) Change	DVP	_	FIORELLA, STEPHANIE	2450 E. COMMERCIAL BLVD.	
Add				FORT LAUDERDALE, FL 33308	
X Remove					
2) X Change	DPST	_	GIORDANELLI, PERRY	2450 E. COMMERCIAL BLVD.	
Add				FORT LAUDERDALE, FL 33308	
Remove					
3) Change		_			
Add					
Remove					
4) Change		_			
Add					
Remove					
5) Change		•			
Add					
Remove					
6) Change		_			
Add					
Remove					

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
an amendment provides for an excha	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amen (if not applicable, indicate N/A)	dment if not contained in the amendment itself;
(ij noi applicable, malcale IVA)	
	

Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block document's effective date on the Department.	does not meet the applicable statutory filing requirements, this date will not be listed as the ment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) ent for approval.
	d by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):
"The number of votes cast for th	ne amendment(s) was/were sufficient for approval
by	(voting group)
·	(voting group)
action was not required. The amendment(s) was/were adopted action was not required. NOVEMBER Dated Signature (By a director selected, by appointed fice	or, president or other officer – if directors or officers have not been and no officer – if in the hands of a receiver, trustee, or other court duciary by that fiduciary) RY GIORDANELLI
V	(Typed or printed name of person signing)
PRE	SIDENT
	(Title of person signing)