## P07000106103

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Division of Corporations		
NAME OF CORPORATION: GIOR & TADOCUMENT NUMBER: P0700010610		USE COMPANY
The enclosed Articles of Amendment and fee are s	submitted for filing.	
Please return all correspondence concerning this m	atter to the following:	, C
MARIA PAULA S	SOLLAMI	-
GIOR & TAILOR	Name of Contact Person R WEARHOUSE	•
2333 N SR 7 ST		
MARGATE, FL 3	Address 33063	
	City/ State and Zip Cod	e
GIOANDALUZ@GN		
E-mail address: (to be t	used for future annual report	notification)
For further information concerning this matter, plea	ase call:	
MARIA PAULA SOLLAMI	<sub>at (</sub> 954	5488265
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made	e payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$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	Amend Division Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

## Articles of Amendment to Articles of Incorporation

FILED

of 2014 APR 14 PM 3: 57

(Name of Corporation as currently filed with the Flo	rida Dept. of State	SSEE, ELORIUA
	MALL MIN.	<del>-</del>
(Document Number of Corporation (if I	known)	
rsuant to the provisions of section 607.1006, Florida Statutes, this <i>Fa</i> Articles of Incorporation:	lorida Profit Corporation adop	ots the following amendmen
If amending name, enter the new name of the corporation:	•	
		The new
nne must be distinguishable and contain the word "corporation, Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co ord "chartered," "professional association," or the abbreviation "P	o". A professional corporation	ted" or the abbreviation on name must contain the
Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u> )		
. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered office addre new registered agent and/or the new registered office address:	ss in Florida, enter the name	of the
Name of New Registered Agent		
Name of New Negatierea Agem	·.·· -	
(Florida stree	t address)	
New Registered Office Address:	, Florida	
(City)		(Zip Code)
ew Registered Agent's Signature, if changing Registered Agent:		
hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations (	of the position.

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>	Name	<u>Addres</u> s
1) Change	Р	GIUSEPPE SOLLAMI	824 REGAL COVE RD
Add			WESTON FL 33327
Remove			
2) Change	TD	GIORMARY ANDALUZ	10807 NW 80TH LN
Add			DORAL FL 33178
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			West of Market Control of the Contro
6) Change			
Add	<del></del>		
Remove			

(Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:

The date of each amendment(s) adoption:		, if other than the	
date this document was signed.			
Effective date if applicable: APRIL 10TH 20			
(n	o more than 90 days after amendment file date)		
Adoption of Amendment(s) (CHEC	K ONE)		
The amendment(s) was/were adopted by the share by the shareholders was/were sufficient for appro-	reholders. The number of votes cast for the amendment(s) oval.		
	areholders through voting groups. The following statement oup entitled to vote separately on the amendment(s):		
"The number of votes cast for the amendment	ent(s) was/were sufficient for approval		
by	,,, 		
(voting	group)		
The amendment(s) was/were adopted by the boar action was not required.	rd of directors without shareholder action and shareholder		
The amendment(s) was/were adopted by the incoaction was not required.	orporators without shareholder action and shareholder		
Dated APRIL 10TH 2014			
Signature	1214		
	it or other officer – if directors or officers have not been rator – if in the hands of a receiver, trustee, or other court that fiduciary)		
MARIA PAL	JLA SOLLAMI		
(Typed or printed name of person signing)			
VP			
	(Title of person signing)	<del></del>	