

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H180001465183)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: SERBER & ASSOCIATES, P.A.

Phone

Account Number : 120000000083 : (305)932-6262

Fax Number

: (305)933-9393

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

COR AMND/RESTATE/CORRECT OR O/D RESIGN GIANNUTRI CORP.

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COVER LETTER

TO: Amendment Section Division of Corporations				
NAME OF CORPORATION: GIANNUTRI CO	RP			
DOCUMENT NUMBER: P10000032532				
The enclosed Articles of Amendment and fee are submitted	for filing.			
Please return all correspondence concerning this matter to th	e following:			
Daniel J. Serber	·			
Nam	of Contact Person			
Serber & Associates, I	P.A.			
·	rm/ Company			
2875 NE 191st Street,	Suite 801			
	Address			
Aventura, FL 33180		<u>. </u>		
City/	State and Zip Code			
info@serberlawfirm.com	}			
E-mail address: (to be used for fi	ture annual report no	otification)		
		,		
For further information concerning this matter, please call:				
Maya Frenkiel	_ «· (932.6262		
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:				
Certificate of Status Cert (Add	75 Filing Fee & lifted Copy ifted Copy intonal copy is osed)	\$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	Division of Clifton Bu 2661 Exec	ent Section of Corporations		

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Articles of Amendment

Article	to of Incorporation IAILABATE	<u>f</u> A
GIANNUTRI CORP		
(Name of Corporation as currently filed wi	ith the Florida Dept. of State)	
P10000032532		
(Document Number of Corpo	oration (if known)	
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	utes, this Florida Profit Corporation adopts the following amends	n en t(s) to
A. If amending name, enter the new name of the corpora	ation:	
name must be distinguishable and contain the word "coi "Corp.," "Inc.," or Co.," or the designation "Corp," "In word "chartered," "professional association," or the abbrev		on
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>	16699 Collins Avenue	
WEST BETT OFFICE TOWNS	Apartment 2602	
	Sunny Isles Beach, FL 33160	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office	fice address in Florida, enter the name of the address:	
Name of New Registered Agent		
(F	Torida street address)	
New Registered Office Address:	1	
	(City) , Florida (Zip Code)	
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fa	d Agent: familiar with and accept the obligations of the position.	
Signature of New Regi	istered Agent, if changing	

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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 Do	<u>Le</u>			
X Remove	$\underline{\mathbf{v}}$	Mike Jo	nes			
_X Add	SV	Sally Sr	nith			
Type of Action (Check One)	<u>Title</u>		<u>Name</u>			Address
1)Change					-	
Add						
Remove						
2) Change		_			-	
Add						
Remove				}		
3)Change		_		<u> </u>	_	
Add						
Remove						
4) Change					-	
Add						
Remove						
5) Change		_				
Add						
Remove						
-						
6) Change					-	
Add						
Remove				,		

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SERBER&ASSOC.

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ch additional sheets, if necessary	rticles, enter chans v). (Be specific)			
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		·		
				
amendment provides for an evisions for implementing the a	<u>xchange, reclassific</u> mendment if not co	ation, or cancellation of	o <u>f issued shares.</u> Sent itself:	
(If not applicable, indicate N/A))			
				····
	<u> </u>			
				
				· • • • • • • • • • • • • • • • • • • •

The date of each amendment(s) as	May 10, 2	2018
Effective date if applicable:		
	(no more th	an 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su		The number of votes cast for the amendment(s)
		through voting groups. The following statement it 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 add action was not required.	pted by the board of dire	tors without shareholder action and shareholder
The amendment(s) was/were add action was not required.	pted by the incorporators	without shareholder action and shareholder
Dated May 10	0, 2018	
- · · · · · · · · · · · · · · · · · · ·		
Signature		
(By a d	rector, president or other	officer - if directors or officers have not been
selected	l, by an incorporator – if	in the hands of a receiver, trustee, or other court
	ed fiduciary by that fiduc	
	S & A Compar	y Management, LLC
	(Typed or pri	nted name of person signing)
	Authorized Re	presentative
	(Title of p	erson signing)