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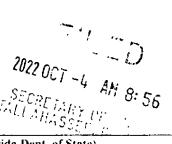
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: GIOVANNIS UNI	FORMS INC	
	BER: P11000084412	1-1	
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	ESTELLA J CANABAL		
		Name of Contact Persor	1
	GIQVANNIS UNIFORMS II	N	
		Firm/ Company	
	224 WASHINGTON AVENU	• •	
		Address	
		City/ State and Zip Code	e
	HOMESTEAD, FLOIRDA 3		
	•		
	E-man address. (to be us	sed for future annual report	nottreation)
For further informati	on concerning this matter, pleas	se call:	
ESTELLA CANAB	AL	at (484-0165
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	\$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 Divisio The C	Address Innent Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



(Document Number of	Corporation (if known)	·
1006, Florida Statutes, this	Florida Profit Corporati	ion adopts the following amendment(s) t
ame of the corporation:		
		The
lorp," "Inc." or "Co". A		
	N/A	
TREET ADDRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
		
		P. P. B. Market and Market Street Str
		e name of the
	<u>-</u>	
	NULL CHIEF A 14	
·	eer addressy	33030
	(City)	, Florida(Zip Code)
	,	V
hanging Registered Agent	in the state of th	rations of the position
Creating Campymatary	Contraction of the state of the	anion of the position.
	ame of the corporation: athe word "corporation," "Corp." "Inc," or "Co". A or the abbreviation "P.A." if applicable: TREET ADDRESS) icable: OFFICE BOX) icable: 224 WASHINGTON AVE (Florida street) HOMESTEAD	ame of the corporation: and the word "corporation." "company," or "incorporation; at the word "corporation." "company," or "incorporation; or the abbreviation "P.A." if applicable: TREET ADDRESS icable: OFFICE BOX) M/A M/A M/A M/A M/A M/A M/A M/

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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	171	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	P	MARIA DETRES	25330 SW 127TH AVENUE
Add			PRINCETON, FL 33032
X Remove 2) Change	VP	DIANA DETRES	11350 SW 239 STREET
Add			PRINCETON, FL 33032
X Remove Change	Т	HECTOR J DETRES SR.	25330 SW 127TH AVENUE
Add			· · · · · · · · · · · · · · · · · · ·
Remove 4) Change	Р	ESTELLA J CANABAL	224 WASHINGTON AVE #14
X Add			HOMESTEAD, FL 33030
Remove 5) Change	۷P	CARLOS DECESPEDES	224 WASHINGTON AVE #14
X Add			HOMESTEAD, FL 33030
Remove			
6) Change			_
Add			
Remove			

an amendment provides for an exchange, reclassification, or cancellation of issued shares, ovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	amending or adding additional Arti- ttach additional sheets, if necessary).	(Be specific)	
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(if not applicable, indicate N/A)	an amendment provides for an exch	ange, reclassification, or cancellation of issued sl	nares,
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NR. 4			· · · · · · · · · · · · · · · · · · ·

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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 fil	e date)
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requies Department of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without	shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes east for e sufficient for approval.	the amendment(s)
	approved by the shareholders through voting groups. The for each voting group entitled to vote separately on the ame	
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
DatedSignature	MBER 30, 2022	
sele	a director, president or other officer – if directors or officers cted, b) an incorporator – if in the hands of a receiver, trust ointed fiduciary by that fiduciary)	
	ESTELLA J CANABAL	
	(Typed or printed name of person signing)	.
	PRESIDENT	
	(Title of person signing)	