P11000084412

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(Business Entity Name)			
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(Document Number)			
Certified Copies	_ Certificates	s of Status	
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COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPORATION	ON: GIOVANNIS	S UNIFORMS INC.		
DOCUMENT NUMBER:	P11000084412	2		
The enclosed Articles of An	sendment and fee are sul	bmitted for filing.		
Please return all corresponde	ence concerning this mat	ter to the following:		
	CARLOS DECESPE	EDES		
	Name of Contact Person GIOVANNIS UNIFORMS INC.			
Firm/ Company 224 WASHINGTON AVE SUITE # 14				
Address HOMESTEAD, FL 33030				
 .	City/ State and Zip Code			
SALES@GIOUNIFORMS.COM				
	E-mail address: (to be us	ed for future annual report	notification)	
For further information cond	cerning this matter, pleas	se call:		
CARLOS DECESPE	DES	305 at (582-5667	
		de & Daytime Telephone Number		
Enclosed is a check for the t	following amount made p	payable to the Florida Depa	artment of State:	
□ \$35 Filing Fee □	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Division o P.O. Box	ent Section of Corporations	Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation οf

GIOVANNIS UNIFORMS INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

	P11000084412		
(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	g amendment(
A. If amending name, enter the new name of the co	rporation:		
			_The new
name must be distinguishable and contain the word "cor "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrev	or "Co". A professional		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u></u>		
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		a, enter the name of the	
Name of New Registered Agent			-
	(Florida street address)		-
New Registered Office Address:		, Florida	
	(City)	(Zip C	lode)
New Registered Agent's Signature, if changing Regi- I hereby accept the appointment as registered agent. I	stered Agent: I am familiar with and accep	ot the obligations of the position.	
Signa	ture of New Registered Age	nt, if changing	-
		-· -	

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	<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>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	ESTELLA CANABAL	224 WASHINGTON AVE #14
Add			HOMESTEAD, FL 33030
X Remove		-	
2) Change			
Add			
Remove 3) Range	-	<u> </u>	······································
Add			
Remove		-	
4) Change			
Add			
Remove		-	
5) Change			
Add			
Remove		-	
6) Change			
Add			
Remove		_	

N/A	
	-
an arrandonat annuidan far an arabanan malaggification on appeallation of ignored show	
an amendment provides for an exchange, reclassification, or cancellation of issued share rovisions for implementing the amendment if not contained in the amendment itself:	<u></u>
(if not applicable, indicate N/A)	
N/A	
14//	

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The date of each amendment(s) adoption	n:	, if other than the
date this document was signed.		
Effective date if applicable:	7/25/2023	
-t-maker-	(no more than 90 days	after amendment file date)
Note: If the date inserted in this block of document's effective date on the Departm		statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☼ The amendment(s) was/were adopted baction was not required.	by the incorporators, or board	of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient		ber of votes cast for the amendment(s)
☐ The amendment(s) was/were approved must be separately provided for each		
"The number of votes cast for the	e amendment(s) was/were suf	ficient for approval
by		
· · · · · · · · · · · · · · · · · · ·	(voting group)	
DatedJULY 2	5. 2023	-
		~
Signature		
		f directors or officers have not been Is of a receiver, trustee, or other court
	uciary by that fiduciary)	is of a receiver, trustee, of other court
	CARLOS DECESPEDE	ES .
	(Typed or printed name	of person signing)
	PRESIDENT	

(Title of person signing)