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## **COVER LETTER**

TO: Amendment Section

Division of Corpor	ations			
NAME OF CORPORA	ATION: Giar	na V Clo	thing, Inc.	
DOCUMENT NUMBI	ER: $\frac{\sqrt{20}}{2}$	00066614	· <u>-</u>	
The enclosed Articles of	f Amendment and fee are sul	omitted for filing.		
Please return all corresp	ondence concerning this mat	ter to the following:		
_	Tovianno	a Gonzali		
		Name of Contact Person	1	
_		******		
		Firm/ Company	4 4	
_	1562 MORI	MANDY DI	RIVE	
	Miani Ben	MANDY Do Address eh, FC	33141	
-		City/ State and Zip Code		
	E-mail address: (to be us	ad a o l. Co	notification)	
For further information	concerning this matter, pleas	e call:		
Jovianna (-	onzalez		766-7720	
Name of	Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made p	payable to the Florida Depa	artment of State:	
\$35 Filing Fee	□\$43.75 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)	
	ng Address		Address	
	dment Section ion of Corporations	Amendment Section Division of Corporations		
P.O. I	Box 6327	Clifton Building		
Tallah	nassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301		

	Articles of Amenda	nent	WT ( ) TO 17	
	to Articles of Incorpora	ation	A first time to	ı. Oli
$\wedge$	of	16	JAN 21 181	[+ 04
Gianna I	/ Clothina	TMC.	ODERAN (F. J.	i.TE
(Name of Corporation as curre	ently filed with the Florida	Dept. of State)	TAMASSEL, TE	GRUDA
<u> </u>	.0000b6b	14		
(Document Num	ber of Corporation (if know	n)		
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this Florida	a Profit Corporation ad	lopts the following	amendment(s)
A. If amending name, enter the new name of	the corporation:			
Gianna	V Investm	ents, II	hc.	The new
name must be distinguishable and contain th "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp," "Inc," or "Co".			
3. Enter new principal office address, if app Principal office address <u>MUST BE A STREE</u>		10/4	}-	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		N <sub>j</sub>	/A	
D. If amending the registered agent and/or r new registered agent and/or the new registered Agent  Name of New Registered Agent		Florida, enter the nam	ne of the	
		,	,	
	(Florida street add	ress)		
New Registered Office Address:		, Florida		
nen nogoso ca office nauress.	(City)	, 1 10110a_	(Zip Code)	
New Registered Agent's Signature, if changing the hereby accept the appointment as registered a	ng Registered Agent: gent. I am familiar with an	d accept the obligations	s of the position.	
Signatur	e of New Registered Agent	if changing		

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>	<u>Name</u>	Address
1) Change		- $N/A$	
Add Remove			
2) Change			
Add			•
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			<del></del>
Remove			

E. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)						
_To	ourchase	and	sell.	reale	state	and_
_vel	purchase hicles.					
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F. If an a	mendment provides fo	r an exchang	e, reclassifica	tion, or cancellat	ion of issued sha	ires,
	isions for implementing if not applicable, indica		ient it not con	tained in the ame	enament itseii:	
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			<del>.</del>			

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	<u> </u>
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled 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 adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature M'Galma	
(By a director, president or other officer - if directors or officers we've not been	<del></del>
selected, by ah incorporator — if in the hands of a receiver, trustee, or other court appointed induciary by that fiduciary)	
Jovianna Gonzalez	
(Typed or printed name of person signing)	
President	
(Title of person signing)	