P14 0000 31889

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COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION: GINETTA U.S.A. I	NCORPORATED	·
DOCUMENT NUMBER: P14000031889		
The enclosed Articles of Amendment and fee are sub	omitted for filing.	
Please return all correspondence concerning this mat	ter to the following:	
MICHELLY FERREIRA		
	Name of Contact Persor	1
CAMPANA GROUPS LLC		
	Firm/ Company	
3023 BURTON POINT COU	RT	
	Address	
WAXHAW, NC 28173		
	City/ State and Zip Code	2
MICHELLY@CAMPANAG	ROUPS.COM	
E-mail address: (to be us	ed for future annual report	notification)
For further information concerning this matter, pleas	e call:	
MICHELLY FERREIRA	954 at (228-0706
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 & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section		Address ment Section

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Amendment Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

GINETTA U.S.A. INCORPORATED	
(Name of Corporation as c	currently filed with the Florida Dept. of State)
P14000031889	
(Document No	umber of Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statut its Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpora	ition:
GINETTA FL INCORPORATED	The new
	tion," "company," or "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>	<u> </u>
	7 ⁻² 3 * 0
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	78
(Malling dates) MAT BEATOST OFFICE BOA	
	6
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office a	
Name of New Registered Agent	
	lorida street address)
New Registered Office Address:	. Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	
Signature o	f New Registered Agent, if changing
Check if applicable	^ ^
☐ The amendment(s) is/are being filed pursuant to s. 607.013	20 (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 Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

(Attach additional sheets, if necessary).	ticles, enter change(s) here: . (Be specific)
	_
	
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If an amandment provides for an ava-	shange geologification or cancellation of issued shares
provisions for implementing the am	change, reclassification, or cancellation of issued shares, rendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) add date this document was signed.	option:		_, if other than the
•			
Effective date <u>if applicable</u> :	(no more th	nan 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep		applicable statutory filing requirements, this date will n	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/were adopt action was not required.	ted by the incorporators	s, or board of directors without shareholder action and sl	hareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf		. The number of votes cast for the amendment(s)	
		rs through voting groups. The following statement ed to vote separately on the amendment(s):	
"The number of votes cast fo	or the amendment(s) wa	as/were sufficient for approval	
by	(voting group)		
	(voung group)		
seldcted!	actor, president or other	officer – if directors or officers have not been in the hands of a receiver, trustee, or other court ciary)	-
_	(Typed or pri	nted name of person signing)	
A	ADOLPHO ROSSI	PRESIDENT	
_	(Title of perso	on signing)	