P14000053350

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PICK-UP	☐ WAIT	MAIL	
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COVER LETTER

TO: Amendment Section Division of Corporations

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Tallahassee, FL 32314

NAME OF CORPO	ORATION: Mina Gelardi Desig	ns Inc dba Juno Shoe Gi	rl Collection
DOCUMENT NUM	P-14000053350		<u> </u>
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:	
	Nina Gelardi		
		Name of Contact Person	n
	Nina Gelardi Designs Inc		
		Firm/ Company	
	11766 SE Dixic Hwy		
		Address	
	Hobe Sound Florida 33455		
		City/ State and Zip Cod	e
	nina@junoshoegirl.com		
	<u> </u>	sed for future annual report	notification)
For further informati Nina Gelardi	on concerning this matter, plea	se call: 404	, 667-0467
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Dep	artment of State:
☐ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	Mailing Address		Address
	nendment Section		Iment Section
	vision of Corporations O. Box 6327	Division of Corporations The Centre of Tallahassee	
	llahassee, FL 32314		N. Monroe Street, Suite 810

Tallahassee, FL 32303

 $r \circlearrowleft$

Articles of Amendment to Articles of Incorporation of

(Name o	f Corporation as currentl	y filed with the Florida Dept. of State)
P-14000053350	0	
	(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:	
NA		The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp," "Inc," or "Co". A	company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
B. Enter new principal office address,	if applicable:	NA
(Principal office address MUST BE AS		
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		NA
		1
D. If amending the registered agent an		
new registered agent and/or the nev	- 4	<u>E</u>
Name of New Registered Agent	NA	
		-
	(Florida str	reet address)
New Registered Office Address:	NA	, Florida
		(City) (Zip Code)
New Registered Agent's Signature, if c	hanging Registered Agent tered agent - Lam familiar	<u>:</u> with and accept the obligations of the position.
Thereby accept the appointment as region	erea agem. Tampamma	
	NA	
	Signature of New R	egistered Agent, 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> <u>John</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	V P	John Austin Shedd	8350 SE Angelina Ct
X Add			Hobe Sound, Fl 33455
Remove	VP	NINA GELAPOI	11766 SE DIXIC ITWY
2) Change	VI	NINH OCCUPUT	HOBE SOUND FC 33455
Add			HOLE JOUND IC DO 133
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	 		
Add			
Remove			
6) Change			
Add			
Remove			

	s, if necessary). (Be	, enter change(s) here e specific)	•		
					
					
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	ides for an exchange	<u>e, reclassification, or</u> sent if not contained	in the amendment its	o snares, elf:	-
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If an amendment prov provisions for implen (if not applicable,	indicate N/A)				

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
	12/2024	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date wil Department of State's records.	I 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/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
must be separately provided	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
	ast for the amendment(s) was/were sufficient for approval	
by President	."	
	(voting group)	
1/12/202 Dated Signature	Numpland.	
selec	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)	· ·
	Nina Gelardi	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	15