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COVER LETTER

67. TO: Amendment Section Division of Corporations NAME OF CORPORATION: Giosue Corp DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: iliana almonte Name of Contact Person Giosue Corp Firm/ Company Address 3928 PORT SEA PLACE, KISSIMMEE FL 34746 City/ State and Zip Code GIOSUEANGEL@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ILEANA ALMONTE Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy

enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(Additional Copy is enclosed)

£.

Articles of Amendment to **Articles of Incorporation** of



GIOSUE CORP

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

D14000052422

nt(s) to

P16000053423			
(Document	t Number of Corpor	ation (if known)	
Pursuant to the provisions of section 607.1006, Florida St its Articles of Incorporation:	atutes, this <i>Florida</i>	Profit Corporation ac	lopts the following amendme
A. If amending name, enter the new name of the corpo	oration:		
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the abl	"Inc," or "Co". A		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	<u></u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
D. If amending the registered agent and/or registered new registered agent and/or the new registered off		lorida, enter the nan	ne of the
Name of New Registered Agent			
	(Florida street addre	ss)	
New Registered Office Address:	(City)		, Florida(Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I as		accept the obligation.	s of the position.
Signatu	re of New Registered	d 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>	<u>Addres</u> s
1) Change	Р	ILEANA ALMONTE	
X Add			3928 PORT SEA PLACE
Remove			KISSIMMEE, FL 34746
2) Change	VP	ILEANA ALMONTE	
X Add			
Remove 3) Change	SEC	ILEANA ALMONTE	
X Add			
Remove			
4) Change	TREA	ILEANA ALMONTE	· · · · · · · · · · · · · · · · · · ·
X Add			<u> </u>
Remove			
5) Change		_	·····
Add			
Remove			444
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
ARTICLE III:
The purpose for which this corporation is organized is:
BEAUTY SALON, RETAIL OF MERCHANDISE, FOOD SERVICES, AND ANY AND ALL LAWFUL BUSINESS FOR
FOR WHICH WILL BE ALLOWED WITHIN THE STATE.
ARTICLE IV:
The number of shares the corporation is authorized to issue is:
1
,
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

The date of each amendment(s) a	adoption:	, if other than th
date this document was signed.	i 0/0017	
Effective date if applicable:	2/2016	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements bepartment of State's records.	s, this date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ad by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the ame sufficient for approval.	ndment(s)
	proved by the shareholders through voting groups. The following reach voting group entitled to vote separately on the amendmen	
	t for the amendment(s) was/were sufficient for approval	
by 1	(voting group)	
oy	(voting group)	
action was not required. The amendment(s) was/were addressed.	lopted by the board of directors without shareholder action and shareholder by the incorporators without shareholder action and shareh	
action was not required.		
8/21/2016		
Dated		
سسستن بهد	1/1 /bi	
Signature	director, president or other officer - if directors or officers have n	not been
<i>_</i>	ed, by an incorporator – if in the hands of a receiver, trustee, or of	
	nted fiduciary by that fiduciary)	inor court
	ILEANA ALMONTE	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person cianing)	