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SECRETARY OF STATE
AND AHASSEE FLORIBA

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: ___GIOTTA, INC. DOCUMENT NUMBER: P16000055342 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MIRIAM DE TORO Name of Contact Person MIRIAM DE TORO CPA, PLLC Firm/ Company 3850 SW 87 AVE SUITE 301 Address MIAMI, FL 33165 City/ State and Zip Code MIRIAM@DETOROCPA.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 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 Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is 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

Articles of Amendment to Articles of Incorporation of

G	SIOTTA, INC.			
(Name of Corporation as	currently filed with the	Florida Dept. of State)		
P ⁻	16000055342			
(Document)	Number of Corporation (if	known)		
Pursuant to the provisions of section 607,1006, Florida Statits Articles of Incorporation:	utes, this <i>Florida Profit C</i>	orporation adopts the fo	llowing amenda	nent(s) to
A. If amending name, enter the new name of the corpor	ration:			
			The ne	' ! !'
name must be distinguishable and contain the word "co"Corp.," "Inc.," or Co" or the designation "Corp," "hword "chartered," "professional association," or the abbre	nc," or "Co". A professi		the abbreviation	on
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES	<u> </u>			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			18 JUL -S A	FILE
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		inter the name of the	M 8: 09 STATE FLORIDA	0
Name of New Registered Agent				•
	Florida street address)			
New Registered Office Address:	(City)	, Florida	(Zip Code)	
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am		he obligations of the pos	ition.	
Signature	of New Revistered Avent	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	¥	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<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			

	or adding additional Articles, enter change(s) here: onal sheets, if necessary). (Be specific)
ARTICLE III-	
The purpo	ose for which this corporation is organized is:
To own a	nd operate the property located at 16385 Biscayne Blvd. Unit 2801 North Miami Beach, FL 33160
to grant a	lien and security interest in such property to secure indebtedness incurred by the Company, and
all actions	s incidental or related thereto and permitted under the Corporation Act of the State of Florida.

	nent provides for an exchange, reclassification, or cancellation of issued shares, or implementing the amendment if not contained in the amendment itself:
(if not ap	plicable, indicate N/A)
N/A	· · · · · · · · · · · · · · · · · · ·
······································	
	
<u>.</u>	

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
	June 13, 2018	
Effective date if applicable:	(no more than 90 days after amendment J	ile date)
	(no mire than 20 days dies directangen)	ine dan',
Note: If the date inserted in this I document's effective date on the De	plock does not meet the applicable statutory filing requepartment of State's records.	irements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes cast for afficient for approval.	the amendment(s)
	proved by the shareholders through voting groups. The freedom voting group entitled to vote separately on the am	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	•
,	(voting group)	
action was not required.	opted by the board of directors without shareholder action opted by the incorporators without shareholder action and	
• • •	3, 2018	
Signature	lirector, president or other officer - if directors or officer	rs have not been
selecte	d, by an incorporator —If in the hands of a receiver, trust ted fiduciary by that fiduciary)	
	Alberto B Budetta	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	