P160000077555

| (Re | questor's Name) | <u></u> |
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| (Ad | dress) | |
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| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | MAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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NOV - 9 2016 C LEVVIS

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION:GIU&GU INC. | | | | |
|---|--|---|-------------------------------|--|
| DOCUMENT NUMBER: | P16000077555 | | | · - ·· |
| The enclosed Articles of Amer | ndment and fee are su | bmitted for filing. | | |
| Please return all corresponden | ce concerning this ma | tter to the following | ng: | |
| | | SANTE VIN | ICENZI | |
| | | Name of Cont | act Person | |
| | I | BUSINESS ASSIS | STANCE | INC. |
| | | Firm/ Cor | npany | |
| | 134 | 99 BISCAYNE B | LVD STE | TS-1 |
| | | Addre | ss | |
| | | NORTH MIAN | 4I, FL 331 | 81 |
| | | City/ State and | Zip Code |) |
| | | thebusinessassist | ance@gm | ail.com |
| E- | nail address: (to be us | sed for future annu | ıal report i | notification) |
| For further information concer | | | | |
| SANTE VIN | CENZI | at (| 305 |) 342-1242 le & Daytime Telephone Number |
| Name of Conta | ct Person | | Area Coo | le & Daytime Telephone Number |
| Enclosed is a check for the fol | owing amount made | payable to the Flo | rida Depa | rtment of State: |
| | 43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Certified Cop (Additional co enclosed) | у | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Mailing Ad Amendment Division of O P.O. Box 63 Tallahassee, | Section Corporations 27 | | Amenda Division Clifton | Address ment Section n of Corporations Building xecutive Center Circle |

Tallahassee, FL 32301



Articles of Amendment to Articles of Incorporation of

2016 NOV -7 PM 1: 23

GIU&GU INC.

| | GIU&GU INC, |
|--|---|
| (Name of Corporation | n as currently filed with the Florida Dept. of State) |
| | P16000077555 |
| (Docume | ent Number of Corporation (if known) |
| Pursuant to the provisions of section 607.1006, Florida 5 its Articles of Incorporation: | Statutes, this Florida Profit Corporation adopts the following amendment(s) |
| A. If amending name, enter the new name of the cor | poration: |
| | TheThe |
| | "corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the bbreviation "P.A." |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR | <u>RESS</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 of | |
| Name of New Registered Agent | |
| | |
| | (Florida street address) |
| New Registered Office Address: | , Florida |
| | (City) (Zip Code) |
| New Registered Agent's Signature, if changing Regist hereby accept the appointment as registered agent. It | tered Agent: am familiar with and accept the obligations of the position. |
| | |
| Signat | ure 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) | Title | <u>Name</u> | <u>Addres</u> s |
| 1) Change | S | ELEONORA DE PALMA | 690 LINCOLN ROAD |
| X Add | | | SUITE 300 |
| Remove | | | MIAMI BEACH, FL 33139 |
| 2) Change | | _ | <u> </u> |
| Add | | | |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | _ | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | _ | |
| Add | | | |
| Remove | | | |

| If amending or adding additi (Attach additional sheets, if nea | cessary). (Be specific) | 1 | | |
|--|---|---|--|--|
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| 1 | , <u>, , , , , , , , , , , , , , , , , , </u> | | · · · · · · · · · · · · · · · · · · · | |
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| If an amendment provides for provisions for implementing (if not applicable, indicate) | the amendment if not | fication, or cancellati contained in the ame | on of issued shares, ndment itself: | |
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FILLED SEURETARY OF STATE STYTSION OF CORPORATION

| | 10/26/2016 | 004 | 7 | BU 1.22 | |
|---|---|--------------------------|---------------------------------------|------------------|-----------------|
| The date of each amendment(s) adoption date this document was signed. | otion: | 2011 | NUY - I | <u>гм 1. С</u> ю | other than th |
| Effective date <u>if applicable:</u> | | | | | |
| - | (no more than 90 day | s after amendment file | (date) | | - |
| Note: If the date inserted in this bloc document's effective date on the Depar | | statutory filing require | ements, this d | ate will not b | e listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | | | | |
| ■ The amendment(s) was/were adopte by the shareholders was/were suffice | | ber of votes east for th | e amendment | (s) | |
| ☐ The amendment(s) was/were appromust be separately provided for ea | | | | ent | |
| | the amendment(s) was/were suff | | | | |
| by | (voting group) | | | | |
| | (voting group) | | | | |
| ☐ The amendment(s) was/were adopte action was not required. | ed by the board of directors with | out shareholder action | and sharehold | er | |
| ☐ The amendment(s) was/were adopte action was not required. | ed by the incorporators without sl | hareholder action and | shareholder | | |
| OCTOBER Dated | 26th, 2016 | | | | |
| Signature | portor Care | | | | |
| selected, t | ctor, president or other officer – i by an incorporator – if in the hand fiduciary by that fiduciary) | | | | |
| | ROBERTA C | CECCARELLI | | | |
| | (Typed or printed name | of person signing) | | | |
| | PRESIC | DENT | | | |
| _ | (Title of per | son signing) | · · · · · · · · · · · · · · · · · · · | | |