## P190000 20272

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: GYANU INC		
DOCUMENT NUME			
	of Amendment and fee are su	abmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	DOMIN	IC JOHN	
		Name of Contact Perso	n
	DJ&J ASSOC	IATES	
		Firm/ Company	
	2400 SE 36TE	HAVE	
		Address	
	OCALA, F	L 34471	
	_b_10	City/ State and Zip Cod	le
	DJ VENA	AD@YAHOO.COM	
	<del>-</del>	sed for future annual report	notification)
For further information	concerning this matter, pleas		(01.2004
		at (	
name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address Indment Section Ission of Corporations Box 6327 hassee, FL 32314	Amenc Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

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

GYANU INC				
(Name of Corporation as curren	itly filed with the Florida Dept. of Sta	<u>ite</u> )	•	
P19000020272				
(Document Number	of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts th	e following	, amer	ndment(s
A. If amending name, enter the new name of the corporation:				
	·		The	neu.
name must be distinguishable and contain the word "corporat, "Corp.," "Inc.," or Co.," or the designation "Corp,," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation no		brevie	ation
B. Enter new principal office address, if applicable:	5500 N LECANTO HWY			
(Principal office address MUST BE A STREET ADDRESS)	BEVERLY HILLS			
	FLORIDA 34465	ဟ		<del>-</del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	15980 N HWY 441	GRE SA	19 MAY 3	Ŋ
	ALACHUA, FLORIDA 32615	AS AAS		7
		FOR	<u> </u>	
	<del></del>		<u>~</u>	
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office addre		<u>e</u>	ဌာ	
Name of New Registered Agent				
(Florida s	treet address)			
New Registered Office Address:	. Florid	a		
	(City)	(Zip C	ode)	
New Registered Office Address:	, Florid	··-	ode)	<u>.</u>
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familian				
с посол иссері іне арронителі ак гедімегей адеті. Тат затинаг	with and accept the obligations of the	posidon.		
Signature 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:		ay smun, sv us un Auu.	
<u>X</u> Change	<u> T4</u>	John Doc	
X Remove	Y	Mike Jones	
<u>X</u> Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	P	DOMINIC JOHN	5225 SE 42ND CT
Add			OCALA, FL 34480
X Remove			
2) Change	P	ARVINDBHAI PATEL	200 EMERALD AVE, APT 25
X Add			LAKE WALES, FL 33853
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add		·	
Remove			

If amending or adding additional Art Attach additional sheets, if necessary).	(Be specific)	
<del></del>		
-		
		<u></u>
<del></del>		
		•
-		
lf an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,	
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:	
(y not applicable, material (1731)		

·	05/25/2019	
The date of each amendment(s) ad	option:	, if other than t
date this document was signed.	/2019	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this da artment of State's records.	te will not be listed as t
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop by the shareholders was/were suf	ted by the shareholders. The number of votes east for the amendment(s ficient for approval.	5)
☐ The amendment(s) was/were appr must be separately provided for e	oved by the shareholders through voting groups. The following stateme ach voting group entitled to vote separately on the amendment(s):	ent
"The number of votes east f	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adoptaction was not required.	ted by the board of directors without shareholder action and shareholde	er
■ The amendment(s) was/were adoptaction was not required.	ted by the incorporators without shareholder action and shareholder	
05/27/2019		
Dated Signature	OKD.	
selected,	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other courd fiduciary by that fiduciary)	t
	DOMINIC JOHN	
_	(Typed or printed name of person signing)	
	PREDIDENT	
_	(Title of person signing)	