P21000050007

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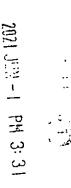
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J. FASON JUL 02 2021



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ration: CHIARELLI GIO	ELLI USA INC	
DOCUMENT NUME	BER: P21000050007		
	of Amendment and fee are su	abmitted for filing.	
Please return all corres	pondence concerning this ma	atter to the following:	
	MANUEL PRADAS		
		Name of Contact Perso.	II
	GAM SERVICES		
		Firm/ Company	
	1820 N CORPORATE LAK	ES BLVD SUITE 206	
	· ·	Address	
	WESTON, FL 33326		
		City/ State and Zip Cod	('
	mp.gam services@gmail.con	n	
	E-mail address; (to be us	sed for future annual report	notification)
For further information	n concerning this matter, plea		2170223
Name o	f Contact Person	Area Co	2170223 de & Daytime Telephone Number
Enclosed is a check for	the following amount made		
S35 Filing Fee	□\$43.75 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 ndment Section sion of Corporations Box 6327 thassee, FL 32314	Amend Divisio The Co 2415 Y	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303

Articles of Amendment to Articles of Incorporation of

CHIARELLI GIOELLI USA INC

(<u>Name of Corporatio</u>	on as currently filed with the Flori	da Dept. of State)	
P21000050007			
(Docum	ent Number of Corporation (if know	m)	
Pursuant to the provisions of section 607.1006. Florida its Articles of Incorporation:	Statutes, this Florida Profit Corpor	ution adopts the following	g amendment(s) to
A. If amending name, enter the new name of the co	rporation:		
CHIARELLI GIOIELLI USA INC			
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc.," "chartered," "professional association," or the abbrev	or "Co". A professional corpor	rated" or the abbreviatio ation name must contain	_The new on "Corp.," a the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADD</u>			
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO)</u>	<u></u>		
D. If amending the registered agent and/or registered new registered agent and/or the new registered of New Registered Agent			
	(Florida street address)		
	ry tor dat sirecy dataressy		
New Registered Office Address:	(City)	, Florida /Zw C	oder
New Registered Agent's Signature, if changing Regi I hereby accept the appointment as registered agent. I Signa Check if applicable	istered Agent:	ligations of the position.	2021 1
\Box The amendment(s) is/are being filed pursuant to s. 6	07.0120 (11) (e), F.S.	,	PA -
		• •	بيدة بب

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	PT	<u>John Doe</u>	po por la companya de la companya d
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		/	<i>-</i>
Add			
Remove			
2) Change		- 	
Add			
Remove 3.) Change			
Add			
Remove			····
4) Change		- /	
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Remove	ممر	/	
5) Change	_/		
Add	<i>;</i>		
Remove			
6) Change /			
Add /			
Remove			
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ttach additional sheets, if necessar	v) (Be specific)			
# Ex				
				
				
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If an amendment provides for an e	vchange, reclassifica	ition, or cancellation	of issued shares,	
provisions for implementing the a (if not applicable, indicate N A	mendment if not cor	ntained in the amend	ment itself:	
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date this document was signed. Effective date if applicable: (no more than 90 days after amendment file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. (CHECK ONE) Adoption of Amendment(s) 🗏 The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required. ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval. ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): "The number of votes cast for the amendment(s) was/were sufficient for approval MAY 28th, 2021 Dated_ Signature (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary). LUIGI CHIARELLO (Typed or printed name of person signing) PRESIDENT

(Title of person signing)