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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: _	GIANES CORP			
DOCUMENT NUMBER:	P22000011656			
The enclosed Articles of Amenda	ient and fee are sub	omitted for filing.		
Please return all correspondence of	concerning this mat	ter to the following:		
HUGO	A. PADILŁA			
		Name of Contact Perso	n	
	Firm/ Company			
6370 W	27TH CT UNIT 1	03		
	Address			
HIALE	AH FL 33016			
		City/ State and Zip Cod	e	
gianespa	gianespadilla@gmail.com			
E-mai	l address: (to be use	ed for future annual report	notification)	
For further information concernin	g this matter, pleas	e call:		
HUGO A. PADILLA		at (	3255188	
Name of Contact I	erson	Area Co	de & Daytime Telephone Number	
Enclosed is a check for the follow	ing amount made p	payable to the Florida Dep	artment of State:	
	.75 Filing Fee & ificate 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)	
Mailing Addre Amendment Sec Division of Cor P.O. Box 6327 Tallahassec, FL	ction porations	Ameno Divisio The C 2415 I	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303	

## Articles of Amendment Articles of Incorporation of

FILED

2022 HAR IL AM 9: 30

GIANE	S CORP	ZUZZTIAN 14 AN 3. 30
(Name of Corporation as curr	ently filed with th	e Florida Dept. of State) GF STATE
P22000011656		TALLAHASSEE, FL
(Document Number	er of Corporation (	if known)
ursuant to the provisions of section 607,1006, Florida Statutes, t s Articles of Incorporation:	his <i>Florida Profit</i>	Corporation adopts the following amendment(s
If amending name, enter the new name of the corporation	<u>:</u>	
NA		The new
ame must be distinguishable and contain the word "corporation, lnc.," or Co.," or the designation "Corp," "Inc," or "Co" chartered," "professional association," or the abbreviation "P.	. A professional	'incorporated" or the abbreviation "Corp.," corporation name must contain the word
Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u> )	N/	2
. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	
. If amending the registered agent and/or registered office a new registered agent and/or the new registered office addresses.		i, enter the name of the
Name of New Registered Agent	· · · · · · · · · · · · · · · · · · ·	
(Floride	i street address)	····
		Mark I.
New Registered Office Address:	(City)	, Florida Elip Coder
ew Registered Agent's Signature, if changing Registered Ag hereby accept the appointment as registered agent. I am famili	ent: ar with and accept	t the obligations of the position.
0. 21.	. D. 1.4. / 4	
Signature of Net	w Registered Agen	t, ij enanging

Check if applicable

[J] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 = Trustce; 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	VP	KARINA I PRASLIN	6370 W 27TH CT
X Add			HIALEAH FLORIDA 33016
Remove			
2) Change	<del></del>		
Add			
Remove 3 ) Change		<del></del>	
Add			
Remove			
4) Change	<del></del>		
Add			
Remove			
5) Change			
Add			
Remove			
റ Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			

NA			<del></del>	· · · · · · · · · · · · · · · · · · ·
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n amendment provides for an exovisions for implementing the ar	<u>change, reclassification</u>	<u>t, or cancellation of i</u> ged in the amendme	ssued shares,	
(if not applicable, indicate N/A)				
NIA				
N //1			*-	
- 4 <sub>b</sub> .				
		<del></del>		

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	03/07/2022	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
	03/07/2022	
Effective date if applicable:		
· · · · · · · · · · · · · · · · · · ·	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were a action was not required.	idopted by the incorporators, or board of directors without shareholder a	ction and shareholder
■ The amendment(s) was/were a by the shareholders was/were	idopted by the shareholders. The number of votes cast for the amendme sufficient for approval.	nt(s)
	approved by the shareholders through voting groups. The following state or each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes ca	ist for the amendment(s) was/were sufficient for approval	
by	··	
	(voting group)	
03/07/20	<u>22</u>	
DatedSignature	Hugo Padilla	
(By a selec	director; president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other cointed fiduciary by that fiduciary)	
	HUGO A PADILLA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

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