Division of Corporations

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To:

Division of Corporations

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Account Name : AGI REGISTERED AGENTS, INC.

Account Number : I20000000205 Phone

: (305)416-6800

Fax Number

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COR AMND/RESTATE/CORRECT OR O/D RESIGN PIEVILLE CORP.

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Electronic Filing Menu

Corporate Filing Menu

ADAMS GALLINAR PA (((H15000211955 3)))

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COVER LETTER

Division of Co			
NAME OF CORP	ORATION: PIEVILLE CORP		
DOCUMENT NUM	MBER: P09000064880		
The enclosed Articl	es of Amendment and fee are su	bmitted for filing.	
Please return all cor	respondence concerning this ma	tter to the following:	
	Diane M. Hernandez		
		Name of Contact Person	n
	Adams Gallinar, P.A.		
		Firm/ Company	
	1000 Brickell Avenue, Suite		
		Address	
	Miami, Florida 33131		
		City/ State and Zip Cod	c
dh	emandez@agilaw.com		
_	E-mail address: (to be u	sed for future annual report	notification)
For further information	tion concerning this matter, plea	se call:	
Diane M. Hernande	ez	at (305	416-6800
Nam	ne of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depe	artment of State:
■ \$35 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle

Articles of Amendment to

of	n peraceu
PIEVILLE O	CORP.
(Name of Corporation as currently	filed with the Florida Dept, of State)
P09000064	1880
(Document Number of	Corporation (if known)
tursuant to the provisions of section 607.1006, Florida Statutes, this F is Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s
. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co word "chartered," "professional association," or the abbreviation "F	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)	
ттери одис винем <u>тозт не долюца дописью</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
 If amending the registered agent and/or registered office address: new registered agent and/or the new registered of fice address; 	
Name of New Registered Agent	
	. **
(Florida stre	et address)
New Registered Office Address:	Florida Tec:
	(City) (Zip Code) (City)
	P Since the second of the s
iew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar w	ith and accent the obligations of the noction
	The state of the position of t
Signature of New Re	egistered 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	PT	John Doe	
X Remove	Y	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) X Change	DPST	Jose Antonio Pietri	900 Biscayne Blvd.
Add			#6103
Remove			Miami, FL 33132
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			· · · · · · · · · · · · · · · · · · ·
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
δ) Change			
Add			
Remove			

amending or adding additional Artic tach additional sheets, if necessary).	(Be specific)
an amendment provides for an exch rovisions for implementing the ame	nange, reclassification, or cancellation of issued shares, adment if not confained in the amendment itself:
(if not applicable, indicate N/A)	•
(if not applicable, indicate N/A)	·
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	,
(if not applicable, indicate N/A)	

The date of each amendment(s) add date this document was signed.	ption:	, if other than the
Effective date if applicable:	(no more than 90 days after amendment file a	iate
	(no more than 90 days after amenament file a	are)
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirent artment of State's records.	nents, this date will not be listed as t
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the icient for approval.	amendment(s)
	oved by the shareholders through voting groups. The folio ach voting group entitled to vote separately on the amena	
	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 a	nd shareholder
☐ The amendment(s) was/were adop action was not required.	ted by the incorporators without shareholder action and sh	areholder
September 2 Dated Signature	Radonel	
(By a dir	ector, president or other officer differences or officers he	ave not been
	by an inderporator — if in the hands of a receiver, trustee, d fiduciary by that fiduciary)	or other court
<u>.</u>	Robert R. Adams, Esq.	
_	(Typed or printed name of person signing)	
A	authorized Representative	
-	(Title of person signing)	