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(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status		(Address)
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: PITTBOYZ	INC	
DOCUMENT NUMBER: P18000093511		
The enclosed Articles of Amendment and fee a	are submitted for filing.	
Please return all correspondence concerning thi	is matter to the following:	
ERICK J BRICENO UZ	ZCATEGUI	
	Name of Contact Person	1
	Firm/ Company	
7420 WEST 20TH AVE	E APT 450	
-	Address	
HIALEAH, FL 33016		
	City/ State and Zip Cod	e
PITTBOYZBBQ@GMAIL.C	ОМ	
E-mail address: (to	be used for future annual report	notification)
For further information concerning this matter,	please call:	
ERICK J BRICENO UZCATEGUI	at (	303-3612 de & Daytime Telephone Number
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount m	nade payable to the Florida Depa	artment of State:
□ \$35 Filing Fee □\$43.75 Filing Fee Certificate of Stat		☐\$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	Amend Divisio Clifton	Address Iment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

## FILED

2018 DEC -7 PM 4: 38

PITTBOYZ INC	SECRETARY OF STATE
(Name of Corporati	ion as currently filed with the Florida Dept. of State)
P18000093511	
(Docum	ment Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Floridatis Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	orporation:
	The new
	ed "corporation," "company," or "incorporated" or the abbreviation  on "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable	<u></u>
(Principal office address <u>MUST BE A STREET ADI</u>	<u>DRESS</u> )
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>
	<del></del>
D. If amending the registered agent and/or registered new registered agent and/or the new registered	red office address in Florida, enter the name of the office address:
Name of New Registered Agent	
<del></del>	(Florida street address)
New Registered Office Address:	, Florida
ren registerea office radaress.	(City) (Zip Code)
New Registered Agent's Signature, if changing Reg	
I hereby accept the appointment as registered agent.	I am familiar with and accept the obligations of the position.
Sign	nature 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.

X Change	<u>PT</u>	John Doe	
X Remove	$\underline{V}$	Mike Jones	
$\underline{X}$ Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	COVP	ERICK J BRICENO	7420 WEST 20TH AVE
Add			APT 450
X Remove			HIALEAH, FL 33016
2) Change	COVP	ERICK J BRICENO UZCATEGUI	7420 WEST 20TH AVE
X Add			APT 450
Remove			HIALEAH, FL 33016
3 ) Change	-		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Aud Remove			

(Attach additional sheets, if necessary).	(Be specific)
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If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
If an amendment provides for an exch provisions for implementing the amen (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
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11/13/2018	ic ash an shan sha
The date of each amendment(s) adoption:	, if other than the
11 / 05 / 2018 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 document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ 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 statemer must be separately provided for each voting group entitled to vote separately on the amendment(s):	પ
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 12/01/18 Signature Signature	
Signature	
(by a director, president or other officer – it 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)	
ERICKT Beiceno Uzcategui (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
COVP	
(Title of person signing)	