# F07000003732

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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mno 7/9/25

#### **COVER LETTER**

SUBJECT: PINST	Name	e of Corporation		_
DOCUMENT NU	MBER: F07000003732			_
The enclosed Ame	ndment and fee are submitted for	filing.		
Please return all co	rrespondence concerning this ma	tter to the following:		
Hannah Amato				
	Name of Contact Person			
International Busin	ness Company Formation, Inc.			
	Firm/Company			
407 N. Highland A	.ve.			
	Address			
Nyack, NY 10960				
	City/State and Zip Code			::.
compliance@ibcf.o	com			-;
E-mail addre	ss: (to be used for future annual r	eport notification)		35
For further informa	ation concerning this matter, plea	se call:		. •
Hannah Amato		845 398-0900		
Name	e of Contact Person	Area Code & Daytime	Telephone Number	_
Enclosed is a check	c for the following amount:			
\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy	☐ \$52.50 Filing Certificate of Sta Certified Copy	

#### Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

#### SECTION I (1-3 MUST BE COMPLETED)

	FO /-	000003732				
_	(Document num	ber of corporation (if known)				
PINSTRIPE, INC.						
	of corporation as it appea	ars on the records of the Departn	nent of State)	-		_
Wisconsin	,	3. 07/24/2007				
(Incorporated un	der laws of)	(Date authoriz	ed to do business in	Florida)		_
		SECTION II				
		Y THE APPLICABLE CHAN	GES)			
4. If the amendment changes the name of incorporation? 06/09/2014	of the corporation, when	was the change effected under th	ne laws of its jurisdict	tion of		
Cielo, Inc.						
(Name of corporation after the amen not contained in new name of the co	dment, adding suffix "co	rporation," "company," or "inco	rporated," or appropr	iate abbro	eviation,	if
	Cielo Tale	ent				
(If new name is unavailable in Florid	a, enter alternate corpora	te name adopted for the purpose	of transacting busine	ss in Flor	rida)	_
6. If the amendment changes the p	eriod of duration, indicat	e new period of duration.				
v. It the unionality of an igner that p		<b>F</b>				
-			<del></del>			
	(	New duration)			<u>~:</u>	
					2025 MAY 12	
7. If the amendment changes the ju	arisdiction of incorporation	on, indicate new jurisdiction.			Y	
		<del></del>	·	;	12	
	(N	ew jurisdiction)		.,-	HG	
					.; ₩	
<ol> <li>If amending the registered agent a new registered agent and/or the ne</li> </ol>			ime of the		$\circ$	
Name of New Registered Agent	Registered Agents Inc				2	
Name of New Registered Agent	7901 4th St N. STE 30	0				
	(Florid	a street address)				
V - Device - A Office A Device	St. Petersburg		_, Florida			
New Registered Office Address:	<del></del>	(City)		(e)		
N D CALLED A CONTROL	. :C-bi Di	d 4				
New Registered Agent's Signature I hereby accept the appointment as t	e, it changing Registere registered agent. I am fo	a Agent: amiliar with and accept the oblig	ations of the position			
David X oberts					,	
Signature of New	Registered Agent, if chan	ging				

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

Title/ Capacity	<u>Name</u>	Address	Type of Action
	<del></del>		🗖 Add
			Remove
			□Add
			Remove
			🗖 Add
			Remove
			Remove
	·		🗖Add
			Remove
Attached is a confidence of the application under the laws.	ertificate or document of similar import, evid on to the Department of State, by the Secretary of which it is incorporated.	lencing the amendment, authenticated no vof State or other official having custody of Docusioned by:	t more than 90 days prior to delivery feorporate records in the jurisdiction
		Marissa Guist	
	(Signature of a director, a receiver or other cour	, president or other officer - if in the hand rt appointed fiduciary, by that fiduciary)	s of
Marissa G		CEO	702
(	Typed or printed name of person signing)	(Title of pers	son signing) 2025

FILING FEE \$35.00

#### United States of America

#### State of Wisconsin

#### DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Presents Shall Come, Greeting:

I, Kristic Pulvermacher, Administrator, Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that the annexed copy has been compared by me with the record on file in the Corporation Section of the Division of Corporate & Consumer Services of this department and that the same is a true copy thereof and that I am the legal custodian of said record, and that this certification is in due form.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department.

Vistie Pulvermacher

KRISTIE PULVERMACHER, Administrator Division of Corporate and Consumer Services Department of Financial Institutions

michael auchanan

BY: Michael Ascheman

DATE 4/30/2025

#### RECEIVED

JUN - 9 2014

Wisconsin Dept of DO NOT STAPLE Financial Institution

Financial Institutions State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS
Division of Corporate & Consumer Services



Sec. 180.1006 Wis. Stats.

### ARTICLES OF AMENDMENT - STOCK, FOR-PROFIT CORPORATION

A. The present corporate name (prior to any change effected by this amendment) is: Pinstripe, Inc.

(Enter Corporate Name)

Text of Amendment (Refer to the existing articles of incorporation and the instructions on the reverse of this form. Determine those items to be changed and set forth the number identifying the paragraph in the articles of incorporation being changed and how the amended paragraph is to read.)

RESOLVED, THAT the articles of incorporation be amended as follows:

Article One of the Third Amended and Restated Articles of Incorporation of the Corporation is hereby deleted in its entirety and amended to read in full as follows:

ARTICLE ONE

The name of the Corporation is Cielo, Inc.



2A80J

FILING FEE - \$40.00 See instructions, suggestions and procedures on following pages.

B. Amendment(s) adopted on
(Indicate the method of adoption by checking (X) the appropriate choice below.)
In accordance with sec. 180,1002; Wis. Stats. (By the Board of Directors)
OR In accordance with sec. 180,1003, Wis. Stats. (By the Board of Directors and Shareholders)
OR In accordance with sec. 180,1005, Wis. Stats. (By Incorporators or Board of Directors, before
issuance of shares)
C. Executed on May 28 2014 (Signature)
Title: President Secretary or other officer title (Printed name)
This document was drafted by Owiside Wisconsin  (Name the individual who drafted the document)

INSTRUCTIONS (Ref. sec. 180.1006 Wis. Stats: for document content)

Submit one original to Dept: of Einancial Institutions. P.O. Box 7846, Madison WI, 53707-7846, together with a FILING FEE of \$40.00 payable to the department. Filing fee is non-refundable. (If sent by Express or Priority U.S. mail, address to 201 W. Washington Ave., Suite 300, Madison WI, 53703). The original must include an original manual signature, per sec. 180.0120(3)(c), Wis. Stats. NOTICE: This form may be used to accomplish a filing required or permitted by statute to be made with the department. Information requested may be used for secondary purposes. If you have any questions, please contact the Division of Corporate & Consumer Services at 608-261-7577. Hearing-impaired may call 711 for TIY.

May ⊇8, 2014  B. Amendment(s) adopted on
(Indicate the method of adoption by checking (X) the appropriate choice below.)
In accordance with sec. 180.1002, Wis. Stats. (By the Board of Directors)
OR In accordance with sec. 180.1003, Wis. Stats. (By the Board of Directors and Shareholders)
OR In accordance with sec. 180.1005, Wis. Stats: (By Incorporators or Board of Directors, befor
issuance of shares)
C. Executed on May 28 2014 (Signature)
mid la company de comp
or other officer title (Printed name)
This document was drafted by Outs de Wis consin
(Name the individual who drafted the document)

INSTRUCTIONS (Ref. sec. 180,1006 Wis. Stats, for document content)

Submit one original to Dept. of Financial Institutions, P.O. Box 7846, Madison WI, 53707-7846, together with a FILING FEE of \$40.00 payable to the department. Filing fee is non-refundable. (If sent by Express or Priority, U.S. mail, address to 201 W. Washington Ave., Suite 300, Madison WI, 53703). The original must include an original manual signature, per sec. 180.0120(3)(c), Wis. Stats. NOTICE: This form may be used to accomplish a filing required or permitted by statute to be made with the department. Information requested may be used for secondary purposes: If you have any questions, please contact the Division of Corporate & Consumer Services at 608-261-7577. Hearing-impaired may call 711 for TTY.