F13490

(Re	equestor's Name)	
(Ac	ddress)	
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PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificate	s of Status
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COVER LETTER

TO: Amendment Section

Division of Corporations PINEWOOD ENTERPRISES, INC DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Susan Thommes

Name of Contact Person PINEWOOD ENTERPRISES, INC.
Firm/ Company BOX 430141

Address Big Pine Key, FL 33043
City State and Zip Code AS 1Suc asl. com
mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Susan THOMMES at (<u>305</u>) <u>872-2033</u> Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment

ιο Articles of Incorporatio

Articles of In	_ ^
$\mathcal{O}_{\mathcal{O}}}}}}}}}}$	Calocai Co Tac
rinewood	Enterprises, Inc.
(Name of Corporation as currently filed with the	Florida Dept. of State)
· F13990	
(Document Number of Corporation	(if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	
N// A	-
name must be distinguishable and contain the word "corporati	The new
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
D. Enter new principal office address if applicables	N/A
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable:	11/0
(Mailing address MAY BE A POST OFFICE BOX)	
	· · · · · · · · · · · · · · · · · · ·
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	
Name of New Registered Agent N/A	
Nume of New Registered Agent	
(FL.) L.	
(rioriau s	street address)
New Registered Office Address:	, Florida
(City	y) (Zip Code)
	₹ ₹
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	
Thereby decept the appearance as registered agent. I am jumina	SA CONTRACTOR
Ci., L. C.V. D. C.V.	I Agent if changing
Signature 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.

Example:	re, una bui	iy Sililin, Sir t	as an 11aa.					
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>Na</u>	<u>ime</u>			<u>Addres</u> s		
1) Change	VP	. <u>C</u>	HRISTOPH	ER R.	Thoma	nes	PO. BOX	430141
Add			,			B	16 Pine	KEY, K
Remove								<u>33043</u>
2) Change								
Add								
Remove								
3) Change					 			
Add								
Remove								
4) Change					, 	Parkers .		-
Add					•			
Remove					ĭ			
5) Change								
Add		_						
Remove								
					4			
6) Change								
Add						-		
Remove								

	(Be specific)	<u>re</u> :	
N/A		:	
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provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained	r cancellation of issue in the amendment its	d shares, elf:

ffective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
doption of Amendment(s)	(CHECK ONE)
fhe amendment(s) was/were ado by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast i	for the amendment(s) was/were sufficient for approval
by	, , , , ,
/	(voting group)
action was not required.	pted by the board of directors without shareholder action and shareholder pted by the incorporators without shareholder action and shareholder
Dated////	12012
Signature	usant Im
selected	rector, president or other officer – if directors or officers have not been l, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	SUSAN R. Thommes
	(Typed or printed name of person signing)
	TREASURY SECRETARY
-	(Title of person signing)