G73952

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(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	Pinecraft Scaffolding, Inc.				
DOCUMENT NUMBER:	G73952	_			
The enclosed Articles of Amendmen	and fee are submitted for filing.				
Please return all correspondence cond	erning this matter to the following:				
	Erin R. Green				
	Name of Contact Person				
F	inecraft Scaffolding, Inc.				
	Firm/ Company				
1	972 Barber Rd.				
	Address				
S	arasota, FL. 34240				
	City/ State and Zip Code				
E-mail ac	necraftscaffolding.com iress: (to be used for future annual report notification) s matter, please call:	-			
Erin R. Green	at (941) 378-4411 Area Code & Daytime Telephone No				
Name of Contact Pers	m Area Code & Daytime Telephone Nu	ımber			
Enclosed is a check for the following	amount made payable to the Florida Department of State:				
	Filing Fee & US43.75 Filing Fee & US52.50 Filing Fee tree of Status (Additional copy is enclosed) US52.50 Filing Fee Certificate of Status (Certified Copy (Additional Copy is enclosed)				
Mailing Address	Street Address				
Amendment Section					
Division of Corpor P.O. Box 6327	tions Division of Corporations Clifton Building				
Tallahassee, FL 32	<u> </u>				

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

Pinecraft Scaffolding, Inc.

(Name of Corporation as current	ly filed with the Florida Dept. of State)
G73952	
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	N/A
name must be distinguishable and contain the word "corporatio" "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
B. Enter new principal office address, if applicable: N/A	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	三
	量型
	1.55 . E
C. Enter new mailing address, if applicable: N/A	3 B EL
(Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office add	trace in Florida, enter the name of the
new registered agent and/or the new registered office addres	
Name of New Registered Agent	
(Florida si	reet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen	N/A
New Registered Agent's Signature, it changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	
	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: X Change	<u>PT</u> <u>John</u>	n Doc	
X Remove	<u>V</u> <u>Mik</u>	te Jones	
<u>X</u> Add	<u>SV</u> <u>Sall</u>	ly Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	<u> </u>	Stuart R. Green	1972 Barber Rd. Sarasota, FL. 34240
X Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	<u></u>		
Add			
Remove			

	if necessary)	(Be specific)				
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					- 	
f an amendment provid	des for an exch	ange, reclassifi	cation, or cance	llation of issued	shares,	
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f an amendment provid provisions for impleme (if not applicable, ii	enting the amer	ange, reclassifi ndment if not c	cation, or cance ontained in the	llation of issued amendment itse	shares, If:	
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provisions for impleme	enting the amer	ange, reclassifi ndment if not c	cation, or cance	llation of issued amendment itse	shares,	

The date of each amendment(s) adoption:	_, if other than the
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 will document's effective date on the Department of State's records.	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 statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes east for the amendment(s) was/were sufficient for approval	
by"	
by" (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 6-25-19 Signature 87mi R Drue	_
(By a director, president or other officer – if 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)	
Erin R. Green	
(Typed or printed name of person signing)	
President	
(Title of person signing)	