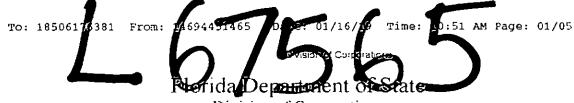
1/16/2019



Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000018685 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 Phone

: (844)386-0178

Fax Number

: (214)317-4754

Enter the email address for this business entity to be used for fut annual report mailings. Enter only one email address please.

Email Address:	
----------------	--



COR AMND/RESTATE/CORRECT OR O/D RESIGN THE PUMKIN SHELL #3, INC.

Certificate of Status	0
Certified Copy	()
Page Count	04
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

To: 18506176381 From: 1469	94451465 Date: 01/16/19 Tim	ne: 10:51 AM Page: 02/05
		न्यसम्बद्धः
.		·- —"
	Articles of Amendment	
	to Articles of Incorporation	
	of	
HE PUMKIN SHELL #3, INC.		, <u></u>
(Name of Co	rporation as currently filed with the Flor	ida Dept. of State)
57565		
	(Document Number of Corporation (if know	vn)
ursuant to the provisions of section 607.1006, Articles of Incorporation:		ration adopts the following amendment(s)
If amending name, enter the new name o	the corporation:	
IE PUMPKIN SHELL #3, INC. me must be distinguishable and contain t		The new
Enter new mailing address, if applicable	<u></u>	
(Mailing address MAY BE A POST OFFI	CE BOX)	7
		ZOIS JAN SECRETALLA
		LI SA
16 a consistence also constant and a compared and also make the constant and a compared and a co		Alamana and the Table 19 18 18 18 18 18 18 18 18 18 18 18 18 18
If amending the registered agent and/or new registered agent and/or the new regis		
Name of Name Parishment Amount		
Name of New Registered Agent		<u>ි</u> ගු ගු
	(Florida street address)	
•	(i' wi' that street daniess)	
New Registered Office Address:	(City)	, Florida
	(Cuy)	(Lap Code)
w Registered Agent's Signature, if changing		
ereby accept the appointment as registered a	gent. I am familiar with and accept the ob	ligations of the position.
	Signature of New Registered Agent, if cha	unging

(((H19000018685 3)))

To: 18506176381 From: 14694451465 Date: 01/16/19 Time: 10:51 AM Page: 03/05

(((H19000018685 3)))

1

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	PT	John Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	$\underline{\mathbf{s}}\underline{\mathbf{v}}$	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change			
Add			
Remove			
2) Change		_	
Add			
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
5) Change			
Add			
Remove			

To: 18506176381 From: 14694451465 Date: 01/16/19 Time: 10:51 AM Page: 04/05

(((H19000018685 3)))

ach additional sneets, if necessary)	. (Be specific)		
 -			<u> </u>
			
- ··-			
· · · ·			
			
		 	
n amendment provides for an exc ovisions for implementing the am	hange, reclassification, or co endment if not contained in	ancellation of issued shares, the amendment itself:	
(if not applicable, indicate N/A)			

To: 18506176381 From: 14694451465 Date: 01/16/19 Time: 10:51 AM Page: 05/05

(((H19000018685 3)))

	01/16/2019
The date of each amendment(s) adoption	n:, if other than the
date this document was signed.	
01/16/2019	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Note: If the date inserted in this block d document's effective date on the Departme	oes not meet the applicable statutory filing requirements, this date will not be listed as the ent of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted by the shareholders was/were sufficient	y the shareholders. The number of votes east for the amendment(s) t for approval.
1,7	by the shareholders through voting groups. The following statement ofting group entitled to vote separately on the amendment(s):
"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 action was not required.	y the board of directors without shareholder action and shareholder
The amendment(s) was/were adopted by action was not required.	the incorporators without shareholder action and shareholder
01/16/2019 Dated	
Signature	Duy Great
` • · · · · · · · · · · · · · · · · · ·	president or other officer - if directors or officers have not been
· ·	incorporator – if in the hands of a receiver, trustee, or other court ciary by that fiduciary)
appointed fidu	that y by that indicately)
ADYS	RIVERA
	(Typed or printed name of person signing)
VSD	
	(Title of person signing)