N120000009162

(Re	questor's Name)	.
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	•
Certified Copies	_ Certificates	s of Status
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Amend/cus (10/23/12

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Playpink365	5, Inc	
DOCUMENT NUMBER: N1200000916	52	
The enclosed Articles of Amendment and fee are submitted	f for filing.	
Please return all correspondence concerning this matter to t	he following:	
Tamika McClellion		
. (Nar	me of Contact Person	n)
Playpink365, Inc		
	(Firm/ Company)	
6591 Lawrence Woods Ct		
	(Address)	
Lake Worth, FL 33462		•
(City	/ State and Zip Cod	e)·
info@playpink365.c		***************************************
E-mail address: (to be used for I For further information concerning this matter, please call:	uture annuai report	notification)
Tamika McClellion	561	396-3768
(Name of Contact Person)	(Area C	odc & Daytime Telephone Number)
Enclosed is a check for the following amount made payable	e to the Florida Depa	artment of State:
(A	3.75 Filing Fee & extified Copy dditional copy is nelosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Hox 6327 Tallahassee, FL 32314	Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Articles of Amendment to Articles of Incorporation of

Playpink365. Inc.				
(Name of Corporation as current	y filed with the F	<u>Torida Dept. of Sta</u>	<u>te</u>)	
N12000009162				
(Documen	Number of Corp	oration (if known)	-	
rsuant to the provisions of section 617.1 nendment(s) to its Articles of Incorporat	1006, Florida Stati ion:	utes, this <i>Florida N</i> o	ot For Profit Corporation adopts	the following
If amending name, enter the new na	me of the corpor	ation:		
N/A me must be distinguishable and contain	.11.11		and I'm do abbaminting "Cam	The new
mie must be distinguishable and contain Company" or "Co." may not be used in	i the word - corpoi the name .	ranon or incorpu	raied or the appreviation Corp). ()/ I/IC.
Enter new principal office address, i Principal office address MUST BE A ST	f applicable:	N/A		
		<u></u>		
Enter new mailing address, if applie (Mailing address MAY BE A POST (N/A		
				— i
If amending the registered agent and new registered agent and/or the new			rida, enter the name of the	72 DCT 22 PM 12: 23
	N/A	c audi ess.		22
Name of New Registered Agent:	IN/A			P
	704m - 12m - 17m -	(Florida street addre	sv)	19
ew Registered Office Address:	5.1 /4			23
	N/A		, Florida	
	(Cit	y) :	(Zip Code)	
ew Registered Agent's Signature, if cl	nanging Register	ed Agent:		
hereby accept the appointment as registe			ecept the obligations of the position	on.

Page 1 of 4

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 us an Add.

Example: X Change X Remove X Add	PT John Do V Mike Jo SV Sally Si	ones .	
Type of Action (Check One)	<u>Title</u>	Name ·	<u>Address</u> s
1) Change		N/A	
Add			
Remove			
2)Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) (1)			
4) Change			
Add Remove			
5) Change			
Add			
Remove			
6) Change	With the distribution of the second		
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)
(anuch adainonal sneets, if necessary). (Be specific)
Article IX
Upon Dissolution of the corporation, all assets remaining after
payment of all debts and liabilities shall be distributed to a non-profit
organization, foundation, or charity which is organized and operated
exclusively for charitable purposes and has established its tax exempt
status under 501 (c) 3 under the Internal Revenue Service Code.
·

The	date of each amendment(s) adoption: October 11, 2012
Effe	ective date if applicable:
	(no more than 90 days after amendment file date)
Ado	option of Amendment(s) (<u>CHECK ONE</u>)
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
	Dated October 11, 2012 Signature FMW W
	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Tamika McClellion
	(Typed or printed name of person signing)
	President
	(Title of correspondence)