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COVER LETTER

TO: Amendment Section Division of Corporations

PENARTS INC NAME OF CORPORATION:		
N1700000290 DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are sub-	mitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Cheye	enne Moseley	
	(Name of Contact Person	n)
Legaiz	coom.com, Inc.	
	(Firm/ Company)	
101 N. Brai	nd Blvd., 11th Floor	
	(Address)	
Glend	ale, CA 91203	
	(City/ State and Zip Cod	e)
penartsinc@gmail.com		
E-mail address: (to be used	for future annual report	notification)
For further information concerning this matter, please	call:	
Cheyenne Moseley	800 at (773-0888 ext. 9724
(Name of Contact Person)	(Area Co)ode & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Depa	artment of State
□ \$35 Filing Fee □S43.75 Filing Fee & Certificate of Status	■\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

PENARTS INC

	PENANTS INC	
(Name of Corporation as currently filed	with the Florida Dept. of State)	
	N17000000290	
(Document ?	Sumber of Corporation (if known)	
Pursuant to the provisions of section 617,1006, Framendment(s) to its Articles of Incorporation:	orida Statutes, this Florida Not For Profit Corporation ac	lopts the followin
A. If amending name, enter the new name of t	he corporation:	
		The nev
name must be distinguishable and contain the wo "Company" or "Co," may not be used in the na	rd "corporation" or "incorporated" or the abbreviation 'me.	
B. Enter new principal office address, if applie (Principal office address MUST BE A STREET		
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE</u>	<u>E BOX</u>)	
		
D. If amending the registered agent and/or reg new registered agent and/or the new registe	gistered office address in Florida, enter the name of the cred office address:	
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
	, Florida	
	(City)	Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age	Registered Agent: ont. I am familiar with and accept the obligations of the p	osition.
Signa	ture of New Registered Agent, if changing	201
	Page Lof 4	SE HE

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; CEO - 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 X Remove X Add	<u>V</u> <u>Mi</u>	nn Doe ke Jones lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	AD	Christine Kellogg	11307B SEAGLADE DRIVE
Add			PENSACOLA, FL 32507
Remove			
2) Change	P ———	Harper Garcia	11307B SEAGLADE DRIVE
Add			PENSACOLA, FL 32507
Remove	6	lana Kallana	110070 OF A OLADE DRIVE
3)Change	<u> </u>	Irene Kellogg	113078 SEAGLADE DRIVE
Add			PENSACOLA. FL 32507
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			_
Add			
Remove			

attach additional sheets, if necessary).	(пе месту				
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The date of each amendment(s) add date this document was signed.	option:	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add was/were sufficient for approval	opted by the members and the number of votes cast for the amendment(s)	
There are no members or members adopted by the board of director	ers entitled to vote on the amendment(s). The amendment(s) was/were rs	
Dated	5/18	
have not bee	nan of vice engirman of the board, president or other officer-if directors in selected by an incorporator – if in the hands of a receiver, trustee, or ppointed fiduciary by that fiduciary)	
other court a	Harper Garcia	
	Typed or printed name of person signing) President	
	(Title of person signing)	