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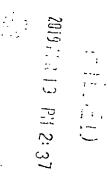
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	STEAMFORCEL, I	NC		
DOCUMENT NUMBER	N17000001991			
DOCUMENT NUMBER:		<del></del>	<del></del>	
The enclosed Articles of An	nendment and fee are sub	mitted for filing.		
Please return all correspond	ence concerning this matt	er to the following:		
PETER RINI, TREASURE	R			
		(Name of Contact Pe	rson)	
STEAAMFORCE1, INC				
		(Firm/ Company	)	
5090 SE HANSON CIRCL	E			
		(Address)		
STUART FL 34997				
		(City/ State and Zip C	ode)	
FLPETE7@GMAIL.COM				
E	-mail address: (to be used	for future annual repo	ort notification	)
For further information conc	erning this matter, please	call:		
PETER RINI		at	727	5600569
	(Name of Contact Person		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount made pa	yable to the Florida D	epartment of S	State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	■\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	O Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing A	ddrose	C4		

Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

STEAMFORCEI, INC			
(Name of Corporation as curre	ently filed with the	Florida Dept. of State)	
STEAMFORCE1, INC			
(Document Nun	ber of Corporation	(if known)	
Pursuant to the provisions of section 617.1006, Florida Statuamendment(s) to its Articles of Incorporation:	ites, this <i>Florida N</i>	ot For Profit Corporation adopts the	ne following
A. If amending name, enter the new name of the corpora	ition:		
PepUp Tech, Inc.			<b></b>
name must he distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name.	ation" or "incorpe	orated" or the abbreviation "Corp.	The new " or "Inc."
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u> )	[]		<del></del>
		*	3
		<del></del>	<u>.</u> .
Enter new mailing address, if applicable:		,	7 J
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )			<del>- '                                   </del>
			?
If amending the registered open and/our state of a	3		3
<ol> <li>If amending the registered agent and/or registered off new registered agent and/or the new registered office</li> </ol>	<u>ice address in Flo</u> address:	rida, enter the name of the	
Name of New Registered Agent:			<del></del>
	- <del></del>	274	
New Registered Office Address:		(Floridu street address)	
	(City)	, Florida	
	(Cny)	(Zip Code)	
lew Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am for	l Agent: amiliar with and ac	ecept the obligations of the position.	
	Signature of New R	egistered 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 X Remove X Add	PT John Do V Mike Jo SV Sally Si	<u>ones</u>	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change Add Remove			
2) Change Add			
Remove 3) Change Add			
Remove 4) Change Add Remove			
5) Change Add			
Remove 6) Change Add Remove			

If amending or adding additional Article (attach additional sheets, if necessary).	(Be specific)				
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	e date of each amendment(s) adoption:	if other than the
	ective date if applicable:	
LIIV	(no more than 90 days after amendment file date)	
	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ument's effective date on the Department of State's records.	listed as the
Ada	option of Amendment(s) (CHECK ONE)	
	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 04/17/2019	
	Signature	
	(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)	
	PETER RINI	
	(Typed or printed name of person signing)	
	TREASURER	
	(Title of person signing)	