## N18000009787

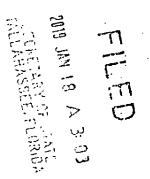
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800323226978

01/18/19--01010--012 \*\*9-.01



Marcha 0

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Pionero Philanthropy	y Inc.			
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:			
Adam Dolle				
	(Name of Contact Po	rson)		
Pionero Philanthropy Inc.				
	(Firm/ Company	<del> </del>		
	( and company	,		
4618 Sea Grape Drive			() 	2819 J
	(Address)		6	5 - F
Lauderdale By The Sea, FL, 33308			音	
	(City/ State and Zip (	Code)	5	25. O
harriette@pionerophilanthropy.com			Š	
E-mail address: (to be used	for future annual rep	ort notification	)	
For further information concerning this matter, please	call:			
Harriette Rothwell	at	+502	5567 8067	
(Name of Contact Person			(Daytime Telephon	e Number)
Enclosed is a check for the following amount made pa	yable to the Florida I	Department of S	State:	
■ \$35 Filing Fee		Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)	
Mailing Address Amendment Section		eet <u>Address</u> nendment Secti	on	
D: 1:1 . (C)	D'			

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

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

## Articles of Amendment to Articles of Incorporation of

Pionero Philanthropy Inc.		
(Name of Corporation	as currently filed wit	th the Florida Dept. of State)
N18000009787		
(Docum	nent Number of Corpor	ration (if known)
Pursuant to the provisions of section 617,1006, Floramendment(s) to its Articles of Incorporation:	rida Statutes, this <i>Flori</i>	ida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the	corporation:	
N/A		The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		acorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applica	ble:	
Principal office address <u>MUST BE A STREET A</u>		
	<del></del>	~2
		2819
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX</u> ) N/A	
		Mary -
		03
D. If amending the registered agent and/or registered agent and/or the new registered		نیہ ہے۔ in Florida, enter the name of the
Name of New Registered Agent:	N/A	
Name of New Registered Agent.		
		(Florida street address)
New Registered Office Address:		THOREM SWEET MATERIA
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing F hereby accept the appointment as registered agen		and accept the obligations of the position.
-	Signature of l	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 as an Add.

Example:  X Change X Remove X Add	<u>V</u> <u>Mike</u>	n Doc e Jones y Şmith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	T	Jeremy Ancock	53 East Avenue, St Clements
Add			Oxford, UK, OX4 1XP
Remove			TALL SE T
2) X Change	<u>s</u>	Adam Dolle	4618 Sea Grape Drive 5 77
Add			Lauderdale By The Sea, FL 33308
Remove			10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
3 ) Change			
Add			
Remove			
4)Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			<del></del>
Remove			

E. If amending or adding additional Artical (attach additional sheets, if necessary).	(Be specific)	
N/A		
· · · · · · · · · · · · · · · · · · ·		
		2818
		77
		23.55 23.55 24.54 25.55
		770
		0.00 m
		<del></del>

The date of each amendment(s) ado late this document was signed.	ption:	, if other than the
Effective date if applicable:		
<u></u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Department.	k does not meet the applicable statutory filing requirements, artment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were add was/were sufficient for approval.	pted by the members and the number of votes east for the ar	nendment(s)
There are no members or member adopted by the board of director	ers entitled to vote on the amendment(s). The amendment(s) s.	was/were
Dated 15 January 2	019	
Signature	Vacture 5	E discour
have not beer	nan or vice chairman of the board, president or other officer- n selected, by an incorporator – if in the hands of a receiver, appointed fiduciary by that fiduciary)	trustee, or
Harriette l	Rothwell	THE TABLE
	(Typed or printed name of person signing)	ASSET TO THE
President		
	(Title of person signing)	24 0