Fzom:

## Florida Department of State

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.

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To:	Division of Compositions	<b>DEC</b>
	Division of Corporations	5 G
	Fax Number : (850)617-6380	- SS.
From:		<u> </u>
	Account Name : PINNACLE SIGNATURE GROUP, INC.	AM II:
	Account Number : I20150000126	—; <u>—</u> ;
	Phone : (386)675-6595	St
	Fax Number : (386)675-6595	
	• •	) A

## COR AMND/RESTATE/CORRECT OR O/D RESIGN BASKET BRIGADE FLORIDA INC

Certificate of Status	1
Certified Copy	1
Page Count	06
Estimated Charge	\$52.50

TO: Amendment Section

## **COVER LETTER**

Division of Corporat	ions			
NAME OF CORPORAT	Basket Brigade Flo	orida, Inc.	***********	
DOCUMENT NUMBER	N18000010441			
The enclosed Articles of A	mendment and fee are su	bmitted for filing.		
Please return all correspon	dence concerning this mat	tter to the following:		
Mario Davis				
		(Name of Contact	Person)	
Pinnacle Signature Group,	Inc.			
		(Firm/ Compa	ny)	
927 Beville Road Suite 10	9			
		(Address)	<del></del>	
South Daytona, FL 32119				
		(City/ State and Zip	Code)	
asaciamm@pinnaclesigntu	re.com			
	E-mail address: (to be used	d for future annual re	port notificatio	n)
For further information con	cerning this matter, please	call:		
Pinnacle Signature Group			386	675-6595
	(Name of Contact Person	a:	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the	following amount made pa	ayable to the Florida		
☐ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status			Filing Fee cate of Status

(Additional copy is

enclosed)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassec, FL 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Certified Copy

(Additional Copy is Enclosed)

Articles of Amendment

FILED

	Article	s of Incorporation	<sup>2024</sup> DEC -9 AMII:
Basket Brigade Florida, Inc.		<b></b>	
(Name of Corporation as currently filed with the	ne Florida I	Dept. of State)	TALLIAHAODEET
N18000010441		-	MELAHASSEE. FLORI
(Docu	ment Numb	er of Corporation (if I	споwл)
Pursuant to the provisions of section 617.1006, Flamendment(s) to its Articles of Incorporation:	orida Statuti	es, this <i>Florida Not F</i>	or Profit Corporation adopts the following
A. If amending name, enter the new name of th	e corporat	lon:	
N/A			The na
name must be distinguishable and contain the wor	d "corpora	tion" or "incorporate	d" or the abbreviation "Corp." or "Inc."
"Campany" or "Co." may not be used in the nam	<u>C</u> .	N/A	
B. <u>Enter new principal office address, if applic</u> Principal office address <u>MUST BE A STREET</u>			
Trincipal office agaress gross BL A STRULL	IPPICAS .	, <del></del>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	ROX!	N/A	
	2011)		
D. If amending the registered agent and/or regi	stered offic	e address in Florida	enter the name of the
new registered agent and/or the new register			
Name of New Registered Agent:	N/A		
	•	(F)	orida street address)
New Registered Office Address:			
	N/A		, Florida
		(City)	(Zip Code)
ew Registered Agent's Signature, if changing I	Registered	Agent:	
hereby accept the appointment as registered agen	t. lam fan	tillar with and accept	the obligations of the position.
	Ci-	matura of New Paris	ered Agent, if changing
	.178	nature of them wellist	ereu ngent, ij enunging

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:	tento ca and the, pane.

(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 V Mike SY Sally	Doe Jones Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change Add K Remove	<u>D</u>	Jalene Serwansky	5695 Stre Road 11 Deleon Springs, FL 32130
2) Change	<u>D</u>	Andrew Lee	7180 Winding Lake Circle Oveido, FL 32765
Remove 3) Change Add Remove	<del></del>		
4) Change Add			
Remove 5) Change Add Remove			
6) Change Add			
Remove E. If amending or additional shee	ets, if necessary).	icles, enter change(s) here: (Be specific)	
	<del></del> -		

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12/09/2024 00:53 #131 P.006/007

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The date of each amendment date this document was signed	t(s) adoption:, if other than	the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in the	is block does not meet the applicable statutory filing requirements, this date will not be listed as the be Department of State's records.	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/w was/were sufficient for ap	ere adopted by the members and the number of votes cast for the amendment(s) proval.	

adopted by the board of directors.

Dated	September 22, 2024				
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)				
	Joetta Raylots				
	(Typed or printed name of person signing)				
	President				
	(Title of person signing)				

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

FILED
2024 DEC -9 AMII: 41