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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	#)
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2024 APR -3 AH 9: 44

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	ON: Picket Fences, Inc.			
DOCUMENT NUMBER:	N24000001846			
The enclosed Articles of Art	nendment and fee are sub	mitted for filing.		
Please return all correspond	ence concerning this mat	ter to the following:		
Tracey Short				
		(Name of Contact Pers	son)	
Picket Fences, Inc				
		(Firm/ Company)		•
946 Highland Avenue, Suit	e 43			
		(Address)		
Dunedin, FL 34698				
-		(City/ State and Zip Co	ode)	
traceyshort24@gmail.com	-mail address: (to be use	d for future annual range	et natification	2)
	·	·	ri noimeado	11)
For further information con	cerning this matter, please	e call:		
Tracey Short		at	727	656-6324 (Daytime Telephone Number)
	(Name of Contact Person	(1)	Area Code)	(Daytime Telephone Number)
Enclosed is a check for the	following amount made p	ayable to the Florida De	epartment of	State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing A	Address	Stre	et Address	•

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

FILED

racket rences, inc.		
Name of Corporation as currently filed with the Flori	ida Dept. of State)	-014 KLK -3
N24000001846		$\mathcal{S}_{\pm i}$
(Document N	umber of Corporation (if known)	2024 APR = 3
ursuant to the provisions of section 617,1006, Florida St nendment(s) to its Articles of Incorporation:	atutes, this Florida Not For Profit Corp	
If amending name, enter the new name of the corp	oration:	
		The new
ame must be distinguishable and contain the word "corp Company" or "Co." may not be used in the name. Enter new principal office address, if applicable:	poration" or "incorporated" or the abb	reviation "Corp." or "Inc."
rincipal office address MUST BE A STREET ADDRI	ESS)	
		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	 	<u></u>
If amending the registered agent and/or registered	office address in Florida, enter the m	ame of the
new registered agent and/or the new registered off		
Name of New Registered Agent:		
Name of New Registered Agent.		
<u></u>	(Florida street add	ress)
New Registered Office Address:	(1,10,1111 51,101 1111	,
		Florida
	(City)	(Zip Code)
	•	•
w Registered Agent's Signature, if changing Registe ereby accept the appointment as registered agent. I as	ered Agent: m familiar with and accept the obligatio	ons of the position.
	· · · · · · · · · · · · · · · · · · ·	
	Signature of New Registered Agent, i	f 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 Sr	ones .	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) × Change Add	Secretary	Michael W. Short	946 Highland Avenue, Suite 43 Dunedin FL 34698
Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			<u>-</u> .
E. If amending or addin (attach additional shee		i <mark>cles, enter change(s) here</mark> : (Be specific)	
			
	• •		•

	
	
	
	
The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable: 3/25/24	<u></u>
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	e listed as the
Adoption 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 63/99/99
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)
Tracey Short
(Typed or printed name of person signing)
President (Title of person signing)
(Title of person signing)

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