

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
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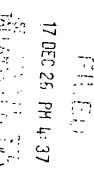
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TO: Amendment Section **Division of Corporations**

NAME OF CODDODATION, K	m Pickering and	Associates Incorporated
document number: PD	1000025177	
The enclosed Articles of Amendment	and fee are submitted for filing	
Please return all correspondence conce	erning this matter to the following:	
Stepho Kim Pic	Name of Contact Persons Kening and Ass Firm/Company	ociates Incorporates
	Holly Road Address Beach FL City/ State and Zip Co	32963
<u>Stevied</u>	e gohotmail.c	
For further information concerning this	s matter, please call:	
Stephanie Pic Ka Name of Contact Perso	2 ring at (77 a	<u> </u>
Enclosed is a check for the following a	amount made payable to the Florida De	partment of State:
□ \$35 Filing Fee □\$43.75 Fi Certificat	iling Fee & U\$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	Stras	at Addrass

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

FILED

17 DEC 26 PH 4: 37

Kim Pickeringard Rss	ociated Incorporated
(Name of Corporation as currently filed with the F	
P01000025177	
(Document Number of Corporation (i	f known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this neorporation:	corporation adopts the following amendment(s) to its Articles of
A. If amending name, enter the new name of the corporation:	
Pick of ing and Associa	tec Incorporated the
PICK LETING ARD 1550C.1Ac name must be distinguishable and contain the word "corporation" Corp., "Inc.," or Co., "or the designation "Corp.," "Inc.," or "word "chartered," "professional association," or the abbreviation "	Co". A professional corporation name must contain the
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)	<u>N/A</u>
C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office address:	
Name of New Registered Agent ///	
(Florida st	reet address)
New Registered Office Address:	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent. I am familiar w	
Signature of New Registered A	<u>V/A</u>
Signature of New Registered A	gent, 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 op 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	<u>PT</u>	<u>John D</u>	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	ones	
X Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change	N/.	A		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				·

G.	f amending or adding additional Articles, enter change(s) here:				
	(Attach additional sheets, if necessary). (Be specific)				
	NIA				
. 1	If an arrandonate avaidant for an array was a substitution of the state of the stat				
11.	If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:				
	(if not applicable, indicate N/A)				
	NIA				
_					

The date of each amendment(s) add date this document was signed.	e date of each amendment(s) adoption:		
Effective date if applicable:	·		
meter date in apparease.	(no more than 90 days after amendment file date)		
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
☐ The amendment(s) was/were adopt by the shareholders was/were suff	ed by the shareholders. The number of votes cast for the amendment(s) icient for approval.		
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):		
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval		
by	(voting group)		
	(voing group)		
☐ The amendment(s) was/were adopt action was not required.	ed by the board of directors without shareholder action and shareholder		
The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareholder action and shareholder		
Dated 12 - 0	21-17		
Signature Ale	21-17 planie Lickering		
selected,	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)		
_	Stephunis Pickering (Typed or printed name of person signing)		
_	President (Title of person signing)		
	(Title of person signing)		

S. . . . S.

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TO: Amendment Section

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Division of Corporations
NAME OF CORPORATION: <u>Kim Pickering and Associates Incorporate</u> C DOCUMENT NUMBER: <u>PD/000025177</u>
The enclosed Articles of Amendment and fee are submitted for filling.
the enclosed Affects of Americanem and fee are subnated for fining.
Please return all correspondence concerning this matter to the following:
Stephanie Pickering Name of Contact Person Kim Pickering and Associalis Incorporate Firm/ Company 6/12 Holly Road Address Vero Beach FL 32963 City/ State and Zip Code Steviede Johot mail Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Stephanie Pickering at (772) 433-7058 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
□ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$4
Mailing Address Street Address

Amendment Section Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building