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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: PEOIN	VESTMENTS	OFTAMPA, INC.
	ER: PO100011		
The enclosed Articles	of Amendment and fee are sub	omitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
	PJ's Mar	per Palori Name of Contact Person 1 agement JFirm/Company	
	4145 Hende	rson Blvd.	
	4145 Hende Tampa,	Address FL 33629	
	jillianpip	er 0502@	gmail.com
	E-mail address: (to be us	ed for future annual report	notification)
For further information	n concerning this matter, pleas	e call:	
Jillian Pi	per Palori of Contact Person	at (270 Area Coo	791-5408 le & Daytime Telephone Number
Enclosed is a check fo	r the following amount made		
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	✓ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Div P.O	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssec, FL 32303

Articles of Amendment to

Articles of Incorporation

of

PEO INVESTMENTS OF TA	MPA INC
(Name of Corporation as currently	filed with the Florida Dept. of State)
P010001168-	10
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	Ilorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
NIA	The new
name must be distinguishable and contain the word "corporation," "co". Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address, if applicable:	NIA
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A AHRY CORRESPONDED
D. If amending the registered agent and/or registered office addr- new registered agent and/or the new registered office address:	
Name of New Registered Agent Pete Antho	ny Palori III
	on Blvd Tampa, FL 33629 ret address)
New Registered Office Address: NP P	(City), Florida N/A (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar we signature of New Registered Agent.	with and accept the obligations of the position. Graph of the position. Graph of the position. Graph of the position.
Chock if applicable	
The amendment(s) is/are being filed pursuant to s. 607.0120 (11)	(c), F.S.

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)

Example:

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.

X Change	<u>PT</u> <u>John</u>	Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	SV Sall	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	DVP	Pete A Palori Tr	4145 Henderson Blvd
Add			Tampa, FL 33629
X Remove	~		
2) X Change	DP	Pete Anthony Palori III	4145 Henderson Blvd
Add			Tampa, FL 33629
Remove 3) Change	T	Jillian Piper Palori	4145 Henderson Blvd
Add			Tampa, FL 33629
Remove			
4) Change			
Add		•	
Remove			
5) Change			
Add			
Remove			
6) Change			
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The date of each amendment(s) ado date this document was signed.	prion: 08/19/2021	, 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 this blo document's effective date on the Department	ck does not meet the applicable statutory filing requirement artment of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adoptaction was not required.	ted by the incorporators, or board of directors without sharel	holder action and shareholder
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the articient for approval.	mendment(s)
☐ The amendment(s) was/were appromust be separately provided for e	oved by the shareholders through voting groups. The follow ach voting group entitled to vote separately on the amendment	ing statement ent(s):
"The number of votes cast for	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
selected	ector, president or other officer – if directors or officers have by an incorporator – if in the hands of a receiver, trustee, or d fiduciary by that fiduciary)	e not been r other court
-	Pete A Palov, TII (Typed or printed name of person signing)	
_	DP	
·	(Title of person signing)	