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COVER LETTER

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION: ALLIET	> Pivot Sales, Inc.
DOCUMENT NUMBER: P060000744	F 6 7
The enclosed Articles of Amendment and fee are su	bmitted for filing.
Please return all correspondence concerning this ma	tter to the following:
MIKE Corni	Name of Contact Person
	Name of Contact Person
ALLTED PWOX	Solis Tuc.
ALLIED Pivot	Firm/ Company
PO Box 1084	
	Address
OVECLOBEE	F1 34973 · 1084 City/ State and Zip Code
0.50 5.70 55	City/ State and Zip Code
011.1.	Ed for future annual report notification)
E-mail address: (to be us	(((0), (0)))
5 mm dda eiw (15 00 <u>2</u> 0	out to the same and the post most notification,
For further information concerning this matter, pleas	se call:
Mike Corwin	at (863) 434-7718 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Department of State:
\$35 Filing Fee S43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & ☐S52.50 Filing Fee Certified Copy (Additional copy is enclosed) ☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address	Street Address
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahaccon FL 32303

Articles of Amendment Articles of Incorporation

ALITED DWAY SOLES IM	f	
ALLTED PIVOT Sales, Inc. (Name of Corporation as current) Pole 0000 74 667	tly filed with the Florida Dept. of State)	
Pole 2000 74 667		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following	amendment(s) to
A. If amending name, enter the new name of the corporation:		
17/4		The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain	ч "Corp., "
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	W/A	
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 new registered agent and/or the new registered office address	<u>s:</u>	
Name of New Registered Agent N/A		
(Florida st New Registered Office Address: N/A	(reet address)	
New Registerea Office Address: 1011	(City) , Florida (Zip C	nde)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar NA Signature of New 1		։ ". 21 ա Սե 19
	nganera ngan, y enanging	
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11)	(e), F.S.	\$ 25

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>Joh</u> i	n Doe	
X Remove	<u>V</u> <u>Mik</u>	te Jones	
_X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P/S	MIKE D Corwin	7483 NW 87th C
Add			Okeechobee, Fi
Remove			34972
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			-
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
A	
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If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
10-	
<u> </u>	
	•
	
	<u>. </u>

The date of each amendment(s) adoption: 7 14 21 date this document was signed.	, if other than the
Effective date if applicable: 7 14 2 (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 d document's effective date on the Department of State's records.	late will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder act action was not required.	tion and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	t(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes east for the amendment(s) was/were sufficient for approval	
by N/A	
(voting group)	
Dated 7/14/21	
Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other cou appointed fiduciary by that fiduciary)	
MIKE D Corwing (Typed or printed name of person signing)	
President	
(Title of person signing)	