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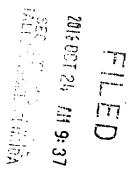
(Re	equestor's Name)				
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PICK-UP	☐ WAIT	MAIL			
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COVER LETTER

TO: Amendment Section Division of Corporations					
NAME OF CORPORATION: Pine Tsland Bicycles Inc.					
ODD DOD 122000					
DOCUMENT NUMBER: PO 1000133.809					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
David Axler					
Pine Tsand Wales Inc.					
Firm/Company					
5261 Pine Island Rd					
Address 72929					
City/ State and Zip Code					
City/ State and Zip Code					
P.I. Cxcles @ Concast, NET					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
1 1 Dular 229 500 0320					
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:					
Enclosed is a check for the following amount made payable to the Follow Department of Blade.					
\$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status (Additional copy is enclosed) Certificate of Status Certificate Copy (Additional Copy is enclosed)					

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

Street Address
Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

Tine Island Bicy	1/15	Inc		
PATAME of Corporation as currently 1	iled with the	Florida Dept. of	State)	
(Document Number of C	Corporation (if	known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fla</i> its Articles of Incorporation:	orida Profit C	orporation adopts	the following ame	ndment(s) to
A. If amending name, enter the new name of the corporation: Dint Island Cycles	" "company," o". A profess	or "incorporate	d" or the abbrevi	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/4	2016 DCT 2	The Laboratory of the Laborato
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address: Name of New Registered Agent	s in Florida,	enter the name of	f the 9: 37	m O
New Registered Office Address: (Florida street	(addyess) City)	, Flo	orida(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with a signature of New Registered Signature of New Registered Agent:	A		the position.	
Signature of Newfreg	;isici cu Ageili,	y com.66		

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	<u>PT</u>	John Doe				
X Remove	<u>v</u>	Mike Jones				
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		•	Address	
1) Change		- <u></u>			,	
Add				<i>[</i> -		
Remove				/-		
2) Change		- /	Λ,	/ _	$-\Delta$	
Add				_		
Remove				_	// /	
3)Change		. //		/ /	<u>/ </u>	
Add				/ /-		
Remove				/-		
4) Change			<u> </u>	// _		
Add				_	/	
Remove				-		
5) Change						
Add			ľ	_		 .
Remove		,		-		
6) Change						
Add				_	·	
Remove	•			-	<u> </u>	

If amending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific)	
•	
<i>•</i>	
\sim	
/	
f 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)	
	<u>-</u>
	
/	

		NA		
The date of each amendment(s) adop date this document was signed.	tion:	10/8/		_, if other than the
date this document was signed.		1111		
Effective date if applicable:		10/1		
	(no more that	n 90 days after amendmei	nt file date)	
Note: If the date inserted in this bloc document's effective date on the Depar	k does not meet the app tment of State's records.	olicable statutory filing re	equirements, this date will	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)			
The amendment(s) was/were adopte by the shareholders was/were suffice	d by the shareholders. Tient for approval.	The number of votes cast	for the amendment(s)	
The amendment(s) was/were approving must be separately provided for each				
"The number of votes cast for	the amendment(s) was/v	were sufficient for approv	al	
n/A	•		_	
by	(voting group)	.	_ .´´	
,	(roung group)			
The amendment(s) was/were adopte action was not required.	d by the board of directo	ors without shareholder ac	ction and shareholder	
The amendment(s) was/were adopte action was not required.	d by the incorporators w	ithout sharcholder action	and shareholder	
Dated	19-201	6/		
Signature	Jan II	(ato	Dres.	
	tor, president or other of	fficer if directors or of	icers have not been	_
selected, b	y an incorporator - if in	the hands of a receiver, t		
appointed	fiduciary by that fiducian	ry)	/	
	David	l Axla	2	·
	(Typed or printe	ed name of person signing	g) /	
	Pre	Sident	<i></i>	
	(Tit	le of person signing)		