1112000008011

. (Re	equestor's Name)	
(Ad	idress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	= #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	•	
· <u>.</u>		
,		

Office Use Only



900138161209

11/24/08--01054--004 **52.50

08 NOV 24 AM 9:51

or of the color

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF COR	PORATION: PCC	1214	-O INVESTMEN	MS LORP.
DOCUMENT NU	MBER: POS	8000	0006111	
The enclosed Artic	cles of Amendment and	fee are sul	omitted for filing.	
Please return all co	orrespondence concernin	ng this mat	ter to the following:	
·	FRONCES		PICCEILLO stact Person)	
	PILLIRILL	210	VESTMENT.	5 CORP.
***************************************		(Firm/ Co	ompany)	·
	6929 REC	100	\$	
		(Addı	ress)	
	1000 GC	تحاكلا	5, 1. 33,43	3
	(0	City/ State ar	nd Zip Code)	
	nation concerning this ma			
FRONCES	O PILLEL	ڞ	at (305) 740 (Area Code & Daytime 1	-6070
•	ck for the following amo	•	Layer Layer Court of Dayer Court	·
☐ \$35 Filing Fee	□ \$43.75 Filing Fee & Certificate of Status		□ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing A		,	Street Address	
· Amendme Division o	nt Section of Corporations	*	Amendment Section Division of Corporations	المام ال
P.O. Box 6	-	•	Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

Pursuant to th	e provisions of section 607.1006, Flor	rida Statutes, this <i>Florid</i>	a Profit Cornamettan
	lowing amendment(s) to its Articles o	•	a Proju Corpozacion
NEW CORP	ORATE NAME (if changing):		
	e word "corporation," "company," or "incorp corporation must contain the word "chartered		
	NTS ADOPTED- (OTHER THAN I	•	cate Article Number(s
and/or Article	Title(s) being amended, added or del	eted: (BE SPECIFIC)	
T# amoudin	the Officers and the Discussions and the	(E AFAD	h
removed an	the Officers and/or Directors, enter of title, name, and address of each Offi	the title and name of eac icer and/or Director bei	<u>n officer/director bein</u> ng added:
(Attach addi	tional sheets, if necessary)		
Title	Name	Address	Type of A
			
<u>8C</u>	MONIQUE TRONCONE	201 NE STHAVE	NITE B Add
		33432, BOCA RA	Add Remo
			Add Remo
			Add Remo
			Add Add
			Add Removed Add Removed Add Removed Add Removed Add
			Add Remo
	MONIQUE TRONCONE		Add Removed Add Removed Add Removed Add Removed Add
SC NOENT/	MONIQUE TRONCONE FRANCES CO PALLELLI (Attach additional	33432, BOCA RA	Add Removed Add
SC NOENT/	MONIQUE TRONCONE	pages if necessary)	Add Removed Add Re

FILING FEE: \$35