## P100000 24238

| (Requestor's Name)                      |                          |
|---|--------------------------|
| (Address)                               | 500350378165             |
| (Address)                               |                          |
| (City/State/Zip/Phone #)                |                          |
| (Business Entity Name)                  | 12/14/2001040016 **35.00 |
| (Document Number)                       | CD.                      |
| Certified Copies Certificates of Status |                          |
| Special Instructions to Filing Officer: | FD 9 29                  |
|   | Marn I.                  |

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D COMMELL



## FLORIDA DEPARTMENT OF STATE Division of Corporations

November 17, 2020

STACIE SIMPSON 913 GULF BREEZE PKWY SUITE 4 GULF BREEZE, FL 32561

SUBJECT: PETTINATO SERVICES, INC.

Ref. Number: P10000024238

We have received your document for PETTINATO SERVICES, INC., however, upon receipt of your document no check was enclosed. Please return your document along with a check or money order made payable to the Department of State for \$35.00.

The current name of the entity is as referenced above. Please correct your document accordingly.

If the corporation is a **PROFIT** corporation it must be signed 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 court appointed fiduciary, by that fiduciary.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 220A00023074

Querida R Moore Regulatory Specialist II

www.sunbiz.org

## COVER LETTER

TO: Amendment Section Division of Corporations

2000 00 THE DOMESTIC

| NAME OF COR          | PORATION: PETTINATO SER  | RVICES, INC.   |  |
|----------------------|--|--|--|
| DOCUMENT NU          | JMBER: P10000024238  |  |  |
| The enclosed Artic   | cles of Amendment and fee are s  | ubmitted for filing.   |  |
| Please return all co | orrespondence concerning this ma   | atter to the following:  |  |
|                      | Stacie Simpson   |  |  |
|                      | <del></del>  | Name of Contact Perso  | n  |
|                      | Hale and Doerr   |  | •  |
|                      | <u> </u>   | Firm/ Company  |  |
|                      | 913 Gulf Breeze Pkwy Suite   | :4 🏚   |  |
|                      |  | Address  |  |
|                      | Gulf Breeze FL 32561   |  |  |
|                      |  | City/ State and Zip Cod  | le   |
|                      | Stacie@haledoerr.com   |  |  |
|                      | E-mail address: (to be t   | ised for future annual repor-                                    | t notification)  |
| For further inform   | ation concerning this matter, plea   | ase call:  |  |
| Stacie Simpson       |  | 850  | 934-4288<br>ode & Daytime Telephone Number   |
| Na                   | me of Contact Person   | Area Ce  | ode & Daytime Telephone Number   |
| Enclosed is a chec   | k for the following amount made  | payable to the Florida Dep                                       | partment of State:   |
| S35 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)                    |
|                      | Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314 | Amen<br>Division<br>The C<br>2415                                | Address dment Section on of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 assec, FL 32303 |

## Articles of Amendment to Articles of Incorporation

| O  | T   |
|--|---|
| Pettinuto Service  |   |
| (Name of Corporation as currently  | filed with the Florida Dept. of State)  |
| (Document Number of  | Corporation (if known)  |
|  | ·   |
| Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:   | Torida Profit Corporation adopts the following amendment(s) to  |
| A. If amending name, enter the new name of the corporation:  |   |
|  | The new   |
| name must be distinguishable and contain the word "corporation," "co<br>"Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A<br>"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:  |   |
| (Principal office address <u>MUST BE A STREET ADDRESS</u> )  | QD  |
|  | 70.   |
|  |   |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  |   |
|  |   |
|  | - <del>- 0</del>  |
|  |   |
| D. If amending the registered agent and/or registered office address:<br>new registered agent and/or the new registered office address:  | ess in Florida, enter the name of the   |
| Name of New Registered Agent   |   |
|  |   |
| (Florida stre  | et address)   |
| New Registered Office Address:   | Florida   |
|  | City) (Zip Code)  |
|  |   |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w   | ith and accept the obligations of the position.   |
|  |   |
|  |   |
| Signature of New Re  | gistered Agent, if changing   |
| Check if applicable  |   |

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). 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)

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: XChange              | <u>PT</u>    | John Doc    |                           |
|-------------------------------|--------------|-------------|---------------------------|
| X Remove                      | <u>V</u>     | Mike Jones  |                           |
| X Add                         | <u>sv</u>    | Sally Smith |                           |
| Type of Action<br>(Check One) | <u>Title</u> | Name        | <u>Addres</u> s           |
| 1) Change                     | TR           | Joel Sexson | 2995 Swift St             |
| X Add                         | -            |             | Gulf Breeze Florida 32563 |
| Remove                        |              |             |                           |
| 2) Change                     |              |             |                           |
| Add                           |              |             |                           |
| Remove 3 ) Change             |              |             |                           |
| Add                           |              |             |                           |
| Remove                        |              |             |                           |
| 4)Change                      | <u></u>      | _           |                           |
| Add                           |              |             |                           |
| Remove                        |              |             |                           |
| 5) Change                     |              |             |                           |
| Add                           |              |             |                           |
| Remove                        |              |             |                           |
| 6) Change                     |              |             |                           |
| Add                           |              |             |                           |
| Remove                        |              |             | -                         |

|                           | ng additional Articles, et<br>vets, if necessary).— (Be s | pecific)                       |                                |             |   |
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|                           |   |                                |                                |             |   |
| <u>f an amendment pro</u> | ovides for an exchange.                                   | reclassification, or c         | <u>ancellation of issued s</u> | hares,      |   |
| provisions for imple      | ementing the amendmer                                     | it if n <u>ot contained in</u> | the amendment itself           | <u>:</u>    |   |
|                           | e, indicate N/A)  |                                | •                              |             |   |
| (if not applicable        |   |                                |                                |             |   |
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|              | of each amendment(s) ad document was signed.              | option:  | , if other than the  |
|--------------|---|--|--|
| Effective    | date if applicable:                                       | (nc more than 90 days aft  | ar amondment file datal  |
|              | the date inserted in this bl                              | ock does not meet the applicable state   | atory filing requirements, this date will not be listed as the           |
| Adoptio      | of Amendment(s)   | (CHECK ONE)  |  |
|              | nendment(s) was/were adop was not required.               | pted by the incorporators, or board of d   | lirectors without shareholder action and shareholder                     |
| The a by th  | nendment(s) was/were adop<br>shareholders was/were sui    | pted by the shareholders. The number ficient for approval  | of votes cast for the amendment(s)                                       |
| ☐ The a must | nendment(s) was/were appl<br>be separately provided for a | roved by the shareholders through votice ach voting group entitled to vote sepa  | ng groups. The following statement rately on the amendment(s):           |
|              | The number of votes cast f                                | or the amendment(s) was/were sufficient  | ent for approval   |
|              | y Managing  | Members/John Petting   | nato   |
|              | Dated 2   | 17/2021  |  |
|              | (By a di<br>selected                                      | rector, bresident or other office: - if di<br>i, by an incorporator - if in the bands o<br>ed fiduciary by that fiduciary) | rectors or officers have not been of a receiver, trustee, or other court |
|              |   | John Pettino   | person signing)  |
|              |   | AA 44  | ember / President  |