P11000001399

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



700289965887

700289965887 09/09/16--01029--001 **70.00

THE SEP -9 AM 9: 09

SEP 15 2016 CMCNAIR

COVER LETTER

O: Amendment Section Division of Corporations NAME OF CORPORATION: POUSHED SUITION INC.	2
During Que 1/10	·_
NAME OF CORPORATION: TULIJHEI) DUI 110N INC	-
DOCUMENT NUMBER: P 1 00001399	717
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
MARK MANS	
Name of Contact Person	
YOUNGED JOLYTON INC	
8121 (1217) DR	
Address	
SACASUTA FL 3424U	
City/ State and Zip Code	
mark @ polished solution com	
E-mail address: (to be used for future annual report notification)	
for further information concerning this matter, please call:	
MARK MAUS at 941, 809-05-48	
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:	
\$35 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) \$35 Filing Fee & Certified Copy Certificate of Status Certified Copy is enclosed)	
Mailing Address A mandment Section	

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

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

	Articles of Amendment		<u>ن</u>
•	to Articles of Incorporation		12 15 CO
Pour HED So	OUTION /NC.		St.
P 1/0000 /	ion as currently filed with the Flori	lda Dept, of State)	R O SALL
(Docur	ment Number of Corporation (if know	vn)	3 Th
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	a Statutes, this Florida Profit Corpor	ration adopts the fol	llowing amendment(s) to
A. If amending name, enter the new name of the co	orporation:		
			The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corpword "chartered," "professional association," or the	o," "Inc," or "Co". A professional	"incorporated" or corporation name	the abbreviation must contain the
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	DX)		
D. If amending the registered agent and/or registence new registered agent and/or the new registered		the name of the	
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:		, Florida	
	(City)	,	(Zip Code)
Now Degistered Agentle Signature 15 sharely De	aistand Agant.		
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent.		bligations of the pos	ition.
,	y		· · · · · · · · · · · · · · · · · · ·

Signature of New Registered Agent, if changing

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) 1) Change Add	Title V	Michael Mars	Address B121 U21TA DR SARKOTA FO
2) Change Add			3424
Remove 3) Change Add			
Remove 4) Change Add Remove			
5) Change Add			
Remove 6) Change Add Remove	 .		

(Attach additional sheets, if	litional Articles, enter change(s) here: necessary). (Be specific)
Ν/,	A
<u></u>	
F. If an amendment provides	s for an exchange, reclassification, or cancellation of issued shares, ting the amendment if not contained in the amendment itself:
(if not applicable lind)	icate N/A)

The date of each amendment(s) adopt	ion:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
1	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Departs	does not meet the applicable statutory filing requirements, this dament of State's records.	ite will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders was/were suffici	d by the shareholders. The number of votes cast for the amendment (ent for approval.	s)
	ed by the shareholders through voting groups. The following statement of the control of the cont	ent
"The number of votes cast for	the amendment(s) was/were sufficient for approval	
by	(voting group)	
☐ The amendment(s) was/were adopted action was not required.	d by the board of directors without shareholder action and sharehold	er
The amendment(s) was/were adopted action was not required.	d by the incorporators without shareholder action and shareholder	
Dated_Sept	7 1016	
Signature	etor, president or other officer – if directors or officers have not been	
	y an incorporator – if in the hands of a receiver, trustee, or other cou	
	fiduciary by that fiduciary)	
	MARK MANS	
	(Typed or printed name of person signing)	
	YRESIDENT	
	(Title of person signing)	