Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: PINCHO FACTO	RY #2, INC.	
	BER: P12000049479		
The enclosed Articles	of Amendment and fee are so	bmitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
	Jayson Tipp		
		Name of Contact Person	1
	c/o Jason Stark, Next Legal,	LLC	
		Firm/ Company	
		Address	
		City/ State and Zip Cod	e
jasor	@nextlegal.us		
	E-mail address: (to be u	sed for future annual report	notification)
For further information	n concerning this matter, plea	se call:	
Jason Stark		at (954	593-4807 de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	irtinent of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED 2018 NOV 26 PM 4: 13

PINCHO FACTORY #2, INC. (Name of Corporation as currently filed with the Florida Dept. of State) : STATE P12000049479 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 95 Merrick Way B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Suite 500 Coral Gables, FL 33134 C. Enter new mailing address, if applicable: 95 Merrick Way (Mailing address MAY BE A POST OFFICE BOX) Suite 500 Coral Gables, FL 33134 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Jayson Tipp Name of New Registered Agent 95 Merrick Way, Suite 500 (Florida street address) Coral Gables . Florida___ New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position,

Page 1 of 4

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)	Title	<u>Name</u>	Address
1) Change	PD	AHMAD, NEDAL	30 GIRALDA AVE
Add			CORAL GABLES, FL 33134
X Remove			
2) Change	CEO	TIPP, JAYSON	95 MERRICK WAY
X Add			SUITE 500
Remove			CORAL GABLES, FL 33134
3) Change	C	OTHMAN, OTTO	95 MERRICK WAY
X Add			SUITE 500
Remove			CORAL GABLES, FL 33134
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			_

Attach <i>ada</i>	itional sheets, if necessary)	i. (Be specific)			
					
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 -					<u>_</u>
				<u> </u>	
<u>f an amen</u> provision	dment provides for an ex- s for implementing the an	change, reclassific	cation, or cancella ontained in the am	tion of issued shares endment itself:	د
(if no	applicable, indicate N/A)				
					_

The date of each amendment(s) adop date this document was signed.	tion:	, if other than th
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Depar	k does not meet the applicable statutory filing requirements, thi tment of State's records.	s date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopte by the shareholders was/were suffic	d by the shareholders. The number of votes cast for the amendment for approval.	ent(s)
	red by the shareholders through voting groups. The following stach voting group entitled to vote separately on the amendment(s):	tement
"The number of votes cast for	the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopte action was not required.	d by the board of directors without shareholder action and shareh	older
action was not required.	d by the incorporators without shareholder action and shareholde	г
November 8	2018	
November <u>8</u> Dated Signature	My	
(By a directed, E	etor, president or other officer – if directors or officers have not be by an incorporator – if in the hands of a receiver, trustee, or other fiduciary by that fiduciary)	
No	rdal Ahmad	
	(Typed or printed name of person signing)	
Pr	esident	

(Title of person signing)