P1200067229

(Re	equestor's Name)	,
(Ad	dress)	
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DP 115

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Phillip McReyno	olds IV Inc	
DOCUMENT NUMBER: P12000067229		
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this n	matter to the following:	
Phillip McReynolds		
	Name of Contact Person	1
	Firm/ Company	
11612 Shady Tree Place		
	Address	
Tampa, FL 33624		
	City/ State and Zip Code	e
TONYOHANA@YAHOO.COM	1	
. E-mail address: (to be	used for future annual report	notification)
For further information concerning this matter, ple	ease call:	
Phillip McReynolds	at (de & Daytime Telephone Number
· Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount mad	le payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	•	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Phillip McReynolds IV Inc (Name of Corporation as currently filed with the Florida Dept. of State) 2815 MAY 22 PM 4: 11 P12000067229 (Document Number of Corporation (if known) R: TARY-OF STATE TALLAMASSEE, BLORIDA 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." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>) 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: Name of New Registered Agent (Florida street address) New Registered Office Address: 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. 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.

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>	<u>Addres</u> s
1) Change	VP	Julio Palacio	11612 Shady Tree Place
X Add			Tampa, FL 33624
Remove			•
2)Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove		•	
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Artic (Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
	· · · · · · · · · · · · · · · · · · ·
F. If an amendment provides for an excha	inge, reclassification, or cancellation of issued shares,
provisions for implementing the amen	dment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) a		5/14/2015				_, if other than th
date this document was signed.	•					
Effective date <u>if applicable</u> :		(vo mono th	age 00 days after	amendment file da		
		(no more in	ian 90 aays ajier i	imenameni jile aa	ie)	
Note: If the date inserted in this locument's effective date on the De				y filing requireme	ents, this date will	not be listed as th
Adoption of Amendment(s)	(<u>CI</u>	HECK ONE)				
The amendment(s) was/were add by the shareholders was/were st			The number of v	otes cast for the ar	mendment(s)	
☐ The amendment(s) was/were appured to the must be separately provided for						
"The number of votes cast	for the ame	endment(s) was	s/were sufficient f	or approval	•	
by			 	.,,		
	(va	oting group)				
☐ The amendment(s) was/were add action was not required.	opted by the	board of direc	ctors without share	eholder action and	l shareholder	
The amendment(s) was/were add action was not required.	opted by the	incorporators	without sharehold	der action and sha	reholder	,
05/14/201:	5					,
Dated						~~ ·
Signature					المراجعة والمهينية	
(By a d selecte	d, by an inc		in the hands of a r	ors or officers hav		
	Phillip Mc	Reynolds				
		(Typed or prin	nted name of person	on signing)		
	President	Phill	>1175k	And the second		
		/\T	itle of person sign	ing)		_ _