P12000093081

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SECRETARY OF SECRE

MAY 1 0 2016

C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: SCPINNACLE SE	RVICES INC	
DOCUMENT NUM	BER: P12000083081		
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this mat	tter to the following:	
	SERGIO BLACK		
		Name of Contact Person	1
	N/A		
	<u></u>	Firm/ Company	
	2500 PARKVIEW DRIVE A	• •	
		Address	
	HALLANDALE FLORIDA		
		City/ State and Zip Cod	Α
		Chyr State and Zip Cou	.
SCP	INNACLE@GMAIL.COM		
	E-mail address: (to be us	sed for future annual report	notification)
r., 6		ro calle	
For further information	on concerning this matter, pleas	se can:	
SERGIO BLACK		at (<u>954</u>	5497199
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depo	artment of State:
□ \$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)
An Di P.C	niling Address nendment Section vision of Corporations D. Box 6327 Hahassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

SCPINNACLE SERVICES INC						
(<u>Name of</u>	Corporation as curren	tly filed with the Florida	Dept. of State)			
P12000083081		_				······································
	. (Document Number	of Corporation (if known)				
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, thi	is Florida Profit Corporat	ion adopts the following	ig amen	dment((s) to
A. If amending name, enter the new name	ne of the corporation:					
N/A				The	new	
name must be distinguishable and conto "Corp.," "Inc.," or Co.," or the designa word "chartered," "professional associat	tion "Corp," "Inc," or	"Co". A professional co		bbrevia	tion	
B. Enter new principal office address, i	N/A		32 CH	22		
(Principal office address <u>MUST BE A ST</u>				を発		terse
				32	_	Lear Lear
				# 2		S. S
C. Enter new mailing address, if applic		N/A			## H	Ţ
(Mailing address <u>MAY BE A POST O</u>	FFICE BOX	 			വ	
				75-		
D. If amending the registered agent and	l/or registered office ad	dress in Florida, enter th	e name of the			
new registered agent and/or the new						
Name of New Registered Agent	N/A			_		
				_		
	(Florida	street address)				
New Registered Office Address:			, Florida			
		(City)	(Zip	Code)		
New Registered Agent's Signature, if ch	anging Registered Age	nt,				
I hereby accept the appointment as registe			gations 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.

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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	V	KATSIARYNA LIAVONAVA	2500 PARKVIEW DRIVE
X Add			АРГ 2318
Remove			HALLANDALE FL 33009
2) Change		N/A	
Add			
Remove			<u></u>
3) Change		N/A	
Add			
Remove			
4) Change		N/A	
Add			
Remove			
5) Change		N/A	
Add			
Remove			
6) Change		N/A	
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)							
N/A							
 	 						
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E Ifonom	nendment provide	na for an avahan	as realessific	nation on anna	allation of icen	ad charac	
provisi	ions for implemer	iting the amendr	ment if not co	ontained in the	amendment it	<u>self:</u>	
,-	not applicable, in	dicate N/A)					
N/A							-w
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-		. <u> </u>					

	01/01/2016	10 1 1 1
The date of each amendment(s); and the this document was signed.	doption:	, if other than th
N/.	A	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, the epartment of State's records.	is date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ac by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendm ufficient for approval.	ent(s)
	proved by the shareholders through voting groups. The following star each voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were ac action was not required.	lopted by the board of directors without shareholder action and shareh	ıolder
☐ The amendment(s) was/were action was not required.	lopted by the incorporators without shareholder action and shareholde	er
05/04/201 Dated	6	
	Unt	
Signature	director, president or other officer – if directors or officers have not b	
select	ed, by an incorporator – if in the hands of a receiver, trustee, or other need fiduciary by that fiduciary)	
	SERGIO BLACK	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	