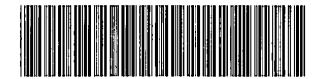
## P/4 COOC 23474

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2019 JUL 12 P # 59

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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: PINO'S D	ÆSIGN GROUP, INC					
DOCUMENT NUMBER: P14000023474	 					
The enclosed Articles of Amendment and f						
Please return all correspondence concerning	g this matter to the following:					
FERNANDO C PIN						
·	Name of Contact Person					
PINO'S DESIGN GI	PINO'S DESIGN GROUP, INC					
	Firm/ Company					
1623 SW 18TH						
	Address					
CAPE CORAL, FL	33991					
•	City/ State and Zip Code					
FPDCONSULTING@GM	IAIL.COM					
-	(to be used for future annual report notification)					
For further information concerning this mat FERNANDO C PINO						
Name of Contact Person	at ( 786 ) 4168314  Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount	nt made payable to the Florida Department of State:					
■ \$35 Filing Fee □\$43.75 Filing Certificate of	-					
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, F1, 32301					

## Articles of Amendment to Articles of Incorporation of



PINO'S DESIGN GROUP, INC.

2010 JUL 12 P # 59

(Name of Corpora P14000023474	ition as currently filed with the Florida Dept. of State) A STATISTICAL ANASOLEE, FLORIDA
	ument Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Flori its Articles of Incorporation:	ida Statutes, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the	corporation:
name must be distinguishable and contain the wa "Corp.," "Inc.," or Co.," or the designation "Corword "chartered," "professional association," or th	The new ord "corporation," "company," or "incorporated" or the abbreviation rp," "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. <u>Enter new principal office address, if applicab</u> (Principal office address <u>MUST BE A STREET AL</u>	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE B</u>	(O.X)
new registered agent and/or the new registere	tered office address in Florida, enter the name of the d office address:
Name of New Registered Agent	
	(Florida sireei address)
New Registered Office Address:	Florida
	(Cuy) (Zıp Code)
New Registered Agent's Signature, if changing Ri I hereby accept the appointment as registered agent.	e <u>vistered Avent:</u> . I am familiar with and accept the obligations of the position.
Sie	gnature 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>PΤ</u>	John De	<u>ıc</u>	
X Remove	$\underline{\mathbf{V}}$	Mike Jo	ones .	
X Add	<u>sv</u>	Sally St	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	D	_	ALAN D ESPARZA	PO Box 153079
X Add		_	-	CAPE CORAL, FL 33915
Remove				
2) Change		_		
Add				
Remove				
3 ) Change		_		
Add				
Remove				<del></del>
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
		_		
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) ALAN D ESPARZA WILL ACT AS A ARCHITECT QUALIFIER SUPERVISOR FOR PINO'S DESIGN GROUP, IN	SC.
AND DO NO IS A PART OF SHAREHOLDERS.	
<del>-</del>	
<del>-</del>	<b>-</b> -
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate $N(A)$	
<del></del>	
	<b>,</b>

The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bidocument's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date winartment of State's records.	ll not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ado by the shareholders was/were sul	pted by the shareholders. The number of votes cast for the amendment(s). Ticient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast (	or the amendment(s) was/were sufficient for approval	
hy		
	(voting group)	
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
■ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
4/19/2019		
Dated	- Living).	
(By a di selected	rector, president or other officer – if directors or officers have not been , by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	<del></del>
	FERNANDO CRISTO PINO	
•	(Typed or printed name of person signing)	
	PRESIDENT	
•	(Title of person signing)	