P14000068953

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SEP 10 PM 3: 55

SEP 1.7 2014 C. CARROTHERS

COVER LETTER

NAME OF CORPORATION: SCUNGILLI, INC. DOCUMENT NUMBER: P14000068953 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ALLAN DOHERTY Name of Contact Person SCUNGILLI, INC. Firm/ Company 12871 BRIARLAKE DRIVE, H201 Address PALM BEACH GARDENS, FL 33418 City/ State and Zip Code SCUNGILLIINC@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ALLAN DOHERTY Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State:

Mailing Address

■ \$35 Filing Fee

TO: Amendment Section

Division of Corporations

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

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

□\$52.50 Filing Fee Certificate of Status

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is enclosed)

(Additional Copy

Articles of Amendment to Articles of Incorporation



SCUNGILLI, INC.

博 SEP 10 PM 3:55 SECRETARY STATES

(Name of Corporation as currently filed with the Florida Dept. of State)

P14000068953

(Document Number of Corporation (if known)

ame must be distinguishable and con Corp.," "Inc.," or Co.," or the design ord "chartered," "professional associa	nation "Corp," "Inc," or "Co". A	ipany," or "incorpor professional corporat	ated" or the ab ion name must c
. Enter new principal office address, Principal office address <u>MUST BE A.S</u>			2002
. Enter new mailing address, if appli	icable:		
(Mailing address MAY BE A POST			
•	·		
). If amending the registered agent an		oride anter the name	of the
new registered agent and/or the new		ortha, enter the hans	. Or the
Name of New Registered Agent			
trame of their Registered Figure			
, , , , , , , , , , , , , , , , , , , ,	(Florida street addres		
- N. D. C. (1000 All.)	•	Florida	
New Registered Office Address:	(City)	, Florida	(Zip Code)
			(=/
New Registered Agent's Signature, if c			

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	PT	John Do	<u>oe</u>			
X Remove	<u>v</u>	Mike Jones				
_X Add	 <u>sv</u>	Sally Sr				
Type of Action (Check One)	Title	 -	Name		<u>Addres</u> s	
1) Change	VP		JOHN A. CARLINO		6435 FO	STER ST.
Add					JUPITER	, FL 33458
Remove						<u> </u>
2) Change		<u> </u>				
Add						
Remove						
3) Change		_				·
Add						· · · · · · · · · · · · · · · · · · ·
Remove						
4) Change						
Add						
Remove						
5) Change						
Add						
Remove						
				•		
6) Change						
Remove						

	(Be specifi	ic)			
				<u> </u>	
				 	
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				••	
• •				•	
	nange, recla	ssification, or	cancellation	of issued shares.	•
f an amendment provides for an excl provisions for implementing the ame	nange. recla	ssification, or ot contained i	cancellation n the amend	of issued shares, ment itself:	
If an amendment provides for an exciprovisions for implementing the ame (if not applicable, indicate N/A)	nange. recla	ssification, or ot contained i	cancellation n the amend	of issued shares, ment itself:	
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(if not applicable, indicate N/A)	endment if n	ot contained i	n the amend	ment itself:	
provisions for implementing the ame (if not applicable, indicate N/A)	endment if n	ot contained i	n the amend	ment itself:	

The date of each amendment(s) ac	loption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) ifficient for approval.	
	proved 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	for the amendment(s) was/were sufficient for approval	
by	.,	
	(voting group)	
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated SEPTE	MBER 5, 2014	
Signature	Anand one RT/	
(By a d	lirector, president or other officer - if directors or officers have not been	
	d, by an incorporator - if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	ALLAN DOHERTY	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	