## P14000098394

Office Use Only



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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	PA	***************************************				
P14000098394 DOCUMENT NUMBER:						
The enclosed Articles of Amendment and fee are su	ubmitted for filing.					
Please return all correspondence concerning this ma	atter to the following:					
Joe Mongillo						
Name of Contact Person						
1404 NE 21st Street	Firm/ Company	· · · · · · · · · · · · · · · · · · ·				
Wilton Manors, FL 33	Address 3305					
	City/ State and Zip Cod	>				
joe.mongillo@gmail.com						
E-mail address: (to be u	sed for future annual report	notification)				
For further information concerning this matter, please call:						
Joe Mongillo	954 at (	999-3122				
Name of Contact Person		de & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:						
\$35 Filing Fee \$\text{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)				
Mailing Address  Amendment Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building				

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



(Name of Corporation as currently filed w Joe Mongillo PA P14000098394	ith the Florida Dept. of State)	15 JAN 20 PM 1:55
(Document Number of Corpo	oration (if known)	
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	,	adopts the following amendment(s) to
A. If amending name, enter the new name of the corpora Joseph R Mongillo PA	ation:	The new
name must be distinguishable and contain the word "co "Corp.," "Inc.," or Co.," or the designation "Corp," "In word "chartered," "professional association," or the abbre	nc," or "Co". A professional corpo	porated" or the abbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	Σ)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office	fice address in Florida, enter the na address:	ame of the
Name of New Registered Agent		_
	Florida street address)	_
New Registered Office Address:	, Florid	a
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am f		ons of the position
agent in appointment at together at agent. I am j		no of the position.
Signature of New Per	gistarad Agant if changing	<del></del>

## 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 Jo	<u>ones</u>	
_X Add	<u>sv</u>	Sally Sr	mith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change	·····	···		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

f an amendment provides for an exchange, reclassi provisions for implementing the amendment if not (if not applicable, indicate N/A)	
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provisions for implementing the amendment if not	
	ication, or cancellation of issued shares, contained in the amendment itself:

The date of each amendment(s) add	option:	, if other than the
date this document was signed.	S IVIO	ECRETARY OF STATE SION OF COPPORATION:
Effective date if applicable:		: 1111 25 PH 1: 55
	(no more than 90 days after amendment file da 🗗	) JAN 20 FR 1.33
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop by the shareholders was/were suff	oted by the shareholders. The number of votes cast for the ame ficient for approval.	endment(s)
	roved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	
"The number of votes cast for	or the amendment(s) was/were sufficient for approval	
by	23	
	(voting group)	
The amendment(s) was/were adoptaction was not required.	oted by the board of directors without shareholder action and s	hareholder
The amendment(s) was/were adopaction was not required.	oted by the incorporators without shareholder action and share	holder
Dated	3/15 1 M	
selected	rector, president or other officer – if directors or officers have by an incorporator – if in the hands of a receiver, trustee, or officers by that fiduciary)	
,	Joseph Mongillo	
<del>-</del>	(Typed or printed name of person signing)	<del></del>
J	Principal	
-	(Title of person signing)	<del></del>