

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



800271730228

04/14/15--01014--005 **35.00



APR 14 PM 1:5

M

APR 15 2015

R. WHITE

COVER LETTER

TO: Amendment Section
Division of Corporations

•					
NAME OF CORPORATION: PPP L DOCUMENT NUMBER: P150000		pfencing, corp			
The enclosed Articles of Amendment and fee are sub	mitted for filing.				
Please return all correspondence concerning this matt	er to the following:				
MARIA ZUBIETA / Gerges Mendoza Par Tikis and More, Corp. Firm/Company 7751 NE 192nd PL Address Citra FL 32113 City/State and Zip Code paria Petikibuts.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:					
MARIA ZUBIETA	at (352	1299-1857			
Name of Contact Person		de & Daytime Telephone Number			
Enclosed is a check for the following amount made pa	ayable to the Florida Depa	artment of State:			
\$35 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)			
Mailing Address Amendment Section		Address ment Section			

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

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

We would like to change the name as itsted in the Following Pages.

Articles of Amendment to Articles of Incorporation

PHLED

15 APR 14 PH 1:55

and Fencing,	STATE STATE
· · · · · · · · · · · · · · · · · · ·	HAELAHASSEE, FLORIDA
Corporation (if known)	
Statutes, this Florida Profit Corporat	tion adopts the following amendment(s
rporation:	
nore, Corp.	The new
l "corporation," "company," or "in" " "Inc," or "Co". A professional combined in the state of th	
<u>RESS</u>)	
ed office address in Florida, enter th	ne name of the
ffice address:	to name of the
(Florida street address)	
	orida
(City)	(Zip Code)
stered Agent: ap familiar with and accept the oblig	gations of the position.
Registered Agent, if changing	
	comporation (if known) Statutes, this Florida Profit Corporation: Pore Corporation: "corporation: "company," or "in" "Inc," or "Co". A professional combined and resident a

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 Do	<u>oc</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	nith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change		_		
Add				
Remove				-
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add		_		
Remove				
6) Change			**************************************	
Add				
Remove				

ttach <i>additi</i>	onal sheets, if ne	cessary). (Be	specific)			
		<u> </u>				
		······································	·····	······································		
		·				
	_	•				
		· · · · · · · · · · · · · · · · · · ·				<u> </u>
	<u> </u>				·	
						<u> </u>
an amendi	nent provides fo	r an exchange,	reclassificati	on, or cancel	lation of issued	shares,
if not a	o <mark>r implementing</mark> oplicable, indica	tne amename te N/A)	nt ii not cont	ained in the a	menament itse	<u> 11:</u>
.,	,	,				
		· · · · · · · · · · · · · · · · · · ·		•		
				<u> </u>		
	 					
		4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1				

.

The date of each amendment(s) adoption: 03/0/2015 date this document was signed.	, if other than the
Effective date if applicable: 03/01/2015	
(no more than 90 days after amendment file date)	_
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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)	
(voing group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Signature Description Africano	
(By a director, president of other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court	_
appointed fiduciary by that fiduciary)	
Geeges mendoza (Typed or printed name of person signing) OWNER	_
OWNER	
(Title of person signing)	

.