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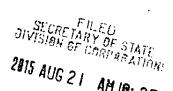
TO: Amendment Section Division of Corporations NAME OF CORPORATION: ___PIONEER PROPERTIES INC. **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: EDMUND J. ARAMAYO Name of Contact Person PIONEER PROPERTIES INC. Firm/ Company 1830 TIGERTAIL AVE Address **COCONUT GROVE FL 33133** City/ State and Zip Code ED@INCOME-PROPERTIES.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **EDMUND ARAMAYO** Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee ■ \$35 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Street Address

Mailing Address

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

Articles of Amendment to Articles of Incorporation



PIONEER PROPERTIES INC.

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

	(Document Number o	f Corporation (if known)		
Pursuant to the provisions of section 607 ts Articles of Incorporation:			adopts the following amendment(s)	
A. If amending name, enter the new n	ame of the corporation:			
name must be distinguishable and cor "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or '	Co". A professional corpor	The new porated" or the abbreviation ration name must contain the	
3. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		1830 TIGERTAIL AVE		
		COCONUT GROVE FL	33133	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1830 TIGERTAIL AVE		
		COCONUT GROVE FL 33133		
		.		
 If amending the registered agent an new registered agent and/or the ne 			me of the	
Name of New Registered Agent	EDMIND ARAMAYO			
	1830 TIGERTAIL AVE			
	(Florida str	eet address)		
New Registered Office Address:	COCONUT GROVE		_, Florida	
		(City)	(Zip Code)	

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	EDMUND ARAMAYO	1830 TIGETAIL AVE
Add			COCONUT GROVE FL 33133
Remove			
2) Change	•••		<u> </u>
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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provisions	dment provide for implemen applicable, ind	ting the ame	ange, reclassifindment if not co	cation, or cancell ontained in the a	mendment itself:		
provisions	for implemen	ting the ame	ange, reclassifi ndment if not co	cation, or cancell ontained in the a	mendment itself:		
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provisions	for implemen	ting the ame	ange, reclassifindment if not c	ontained in the a	mendment itself:		
provisions	for implemen	ting the ame	ange, reclassifindment if not co	ontained in the a	mendment itself;		

The date of each amendment(s) addate this document was signed.	AUGUST 18 2015 option:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date partment of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
i The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	ı
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	nt
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder	
August 18	2015	
Dated	an 2 gi MA	
(By a d	irector, 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)	
	Carsten Boje Moeller	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	