PILOCOCO31688

(Requestor's Name)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
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(Business Entity Name)
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(Document Number)
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C. GOLDEN

DEC - 4 2017.

COVER LETTER

TO: Amendment Section

Division of Corpora	ntions		
NAME OF CODDODA	AMERICAN TOF	TEAM WEST PINES INC	
			·
DOCUMENT NUMBE	R:		
The enclosed Articles of	Amendment and fee are so	abmitted for filing.	
Please return all correspo	ondence concerning this ma	atter to the following:	
P.	ATRICK MOYAL		
_		Name of Contact Person	n
M	IOYAL ACCOUNTING S	ERVICES INC	
		Firm/ Company	
10)796 PINES BLVD SUITE	204	
_		Address	
P	EMBROKE PINES FLOR	IDA 33026	
. –	i	City/ State and Zip Cod	e
PATRI	CKMOYAL@GMAIL.CO	M	
	-	sed for future annual report	notification)
		·	
For further information of	concerning this matter, plea	se call:	
PATRICK MOYAL		954 at (de & Daytime Telephone Number
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for t	he following amount made	payable to the Florida Depo	artment of State:
S35 Filing Fee	□S43.75 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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

Articles of Amendment to Articles of Incorporation of

AMERICAN TOP TEAM WEST PINES INC

FILED

2017 DEC - 1 AM 11: 50

	<u> </u>	
(Name of Corporation as currently	filed with the Florida Dept. of State
P16000031688		34
	(Document Number of	Corporation (if known)
Pursuant to the provisions of secti ts Articles of Incorporation:	on 607.1006. Florida Statutes, this F	Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the	new name of the corporation:	
ATT WEST PINES INC		The new
'Corp.," "Inc.," or Co.," or the		" "company," or "incorporated" or the abbreviation on the Aprofessional corporation name must contain the
3. Enter new principal office ac Principal office address <u>MUST</u>		
Enter new mailing address, (Mailing address MAY BE A		
(Mailing dauress SLAT DE A	TOST OFFICE BOX)	- · · · · · · · · · · · · · · · · · · ·
		ess in Florida, enter the name of the
new registered agent and/or	the new registered office address:	
Name of New Registered	Agent	
	(Florida stree	et address)
New Registered Office Ac	idress:	, Florida
	1	City) (Zip Code)
	1	
	i	
iew Registered Agent's Signatu	ire, if changing Registered Agent:	ith and accept the obligations of the position.
no en accept me appoinment a	o jegiorea agent. Tum jamittur hi	in and accept the verigations of the pixturn.
	ſ	
	!	
	Signature of New Re	gistered 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	 -		
Add			
Remove			
2) Change	_	-,	
Add			
Remove			
3) Change			
Add		1	
Remove			
4) Change		· ·	
Add		1	
Remove			
5) Change		- -	
Add			
Remove			
ර) Change			
Add			
Remove			

ARREST - PRINCEPLENT LIERT DITE.	g additional Articles, enter changes, if necessary). (Be specific)		
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f an amendment pro	ovides for an exchange, reclassific	<u>cation, or cancellation of is</u>	ssued shares,
provisions for imple	menting thelamendment if not co	intained in the amendmen	<u>t itself:</u>
	z, indicate N/A)		
(if not applicable	i i		
(if not applicable	•		
(if not applicable	· · · · · · · · · · · · · · · · · · ·		
(if not applicable	· · · · · · · · · · · · · · · · · · ·		
(if not applicable			

	NOVEMBER 16, 2017	
The date of each amendment		, if other than the
date this document was signed		
	NOVEMBER 16, 2017	
Effective date if applicable:	·	<u>_</u>
	tno more than 90 days after amendment file date,)
	this block does not meet the applicable statutory filing requirement the Department of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/we by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the ame ere sufficient for approval.	endment(s)
	re approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendment	
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
bv	,"	
	(voting group)	
action was not required.	re adopted by the board of directors without shareholder action and si	
NOV Dated	EMBER 16. 2017	
Signature	A STATE OF THE STA	
(E	a director, president or other officer – if directors or officers have elected, by an incorporator – if in the hands of a receiver, trustee, or oppointed fiduciary by that fiduciary)	
	WILSON GOUVEIA	
	(Typed or printed name of person signing) PRESIDENT	
	(Title of person signing)	