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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Penny's Consulting Services DOCUMENT NUMBER: P16000053228						
DOCUMENT NUMBER: P16000053228						
the enclosed Articles of Amendment and fee are submitted for filing.						
lease return all correspondence concerning this matter to the following:						
Penny Sullivan Name of Contact Person						
Firm/ Company						
P.O. BOX 246175 Address						
Pembroke Pines, FL 33024 City/ State and Zip Code						
City/ State and Zip Code						
Pennyd Sulli Van @ hut Mail. Cum E-mail address: (to be used for future annual report notification)						
or further information concerning this matter, please call:						
Penny Sullivan at (305) 297-1992 Name of Contact Person Area Code & Daytime Telephone Number						
Name of Contact Person Area Code & Daytime Telephone Number						
nclosed is a check for the following amount made payable to the Florida Department of State:						
\$35 Filing Fee						
Mailing Address Amendment Section Amendment Section Amendment Section						
A DECOURTED SECTION AND ASSESSMENT ASSESSMEN						

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 of



Penny's Consul	try Sev	VICES -	Inc.	2016 JUL 1 1	PM 1:0
		filed with the Flo	orida Dept. of Sta	<u>ate</u>)	
P16000053	3228				
_ (Document Number of	Corporation (if kn	own)		
Pursuant to the provisions of section 607.1006, lits Articles of Incorporation:	Florida Statutes, this F	Florida Profit Corp	poration adopts th	e following amendn	ient(s) to
A. If amending name, enter the new name of	the corporation:				
				The ne	w
name must be distinguishable and contain th "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp," "Inc," or "C	Co". A profession			
B. <u>Enter new principal office address, if appl</u> (Principal office address <u>MUST BE A STREE</u>					
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	CE BOX)	<u> </u>			
D. If amending the registered agent and/or renew registered agent and/or the new regis		ess in Florida, ent	er the name of th	<u>e</u>	
Name of New Registered Agent					
 	(Florida stree	et address)			
New Registered Office Address:		_	, Florid	a	
	(City)	-	(Zip Code)	
Now Dogistopod Agont's Signature, if changin	a Dogistored Agents				
New Registered Agent's Signature, if changin I hereby accept the appointment as registered as		ith and accept the	obligations of the	position.	
	Signature of New Re	aistered 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	PT John	<u>1 Doc</u>						
X Remove	<u>V</u> <u>Mike</u>	Mike Jones						
X Add	SV Sally	y <u>Smith</u>						
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s					
1) Change	<u>P</u>	Penny Sullivan						
Add		·						
Remove								
2) Change								
Add			-					
Remove								
3) Change								
Add			4					
Remove								
4) Change								
Add								
Remove								
5) Change								
5) Change								
Add								
Remove								
6) Change								
Add								
Remove								

			<mark>ig additiona</mark> l ets; if necesso				e <u>re</u> :			
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The date of each amendment(s) adoption:	, it other than the
date this document was signed.	SECRETARY OF STATE DIVISION OF CORECRATES
Effective date if applicable:	DIVISIÓN OF CORECRAFICS
(no	more than 90 days after amendment file date) 2016 JUL PM : 0
Note: If the date inserted in this block does not m document's effective date on the Department of State	eet the applicable statutory filing requirements, this date will not be listed as the 's records.
Adoption of Amendment(s) (CHECK	(ONE)
☐ The amendment(s) was/were adopted by the share by the shareholders was/were sufficient for appro	cholders. The number of votes cast for the amendment(s) eval.
	reholders through voting groups. The following statement up entitled to vote separately on the amendment(s):
"The number of votes cast for the amendme	nt(s) was/were sufficient for approval
by	, , , , , , , , , , , , , , , , , , ,
by(voting &	(roup)
☐ The amendment(s) was/were adopted by the board action was not required.	d of directors without shareholder action and shareholder
The amendment(s) was/were adopted by the incoraction was not required.	porators without shareholder action and shareholder
Dated 7 6 16	
Signature Jenny Au	
	or other officer - if directors or officers have not been
selected, by an incorpor	ator - if in the hands of a receiver, trustee, or other court
appointed fiduciary by t	hat fiduciary)
Penr	ed or printed name of person signing)
(Турс	ed or printed name of person signing)
Pre	esident
	(Title of person signing)