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OCT 1 6 2019

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	PRATION: BROTHERS PAL	LETS INC						
	IBER: P16000054219							
The enclosed Article	s of Amendment and fee are su	ubmitted for filing.						
Please return all corr	espondence concerning this ma	atter to the following:						
	DEVON AMBROSIA							
		Name of Contact Perso	n					
	BROTHERS PALLETS INC							
		Firm/ Company	(•				
	2410 MCJUNKIN ROAD							
		Address						
	LAKELAND, FL 33803							
		City/ State and Zip Cod	le					
brotl	herspallets@aol.com							
	E-mail address: (to be us	sed for future annual report	notification)	-				
				9				
For further information	on concerning this matter, pleas	se call:		TE CT				
Steven Hiestand		at (<u>813</u>	948-3777	10 CC				
Name	of Contact Person	Area Code & Daytime Telephone Number						
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:	eporations				
S35 Filing Fee	☐S43.75 Filing Fec & 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)	7.7 7.7 7.7				
Am Div	illing Address under the Section distribution of Corporations D. Box 6327	Ameno Divisio	Address Iment Section on of Corporations Building					

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

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(Name	of Corporation as currently	filed with the Florida Dep	ot. of State)	
P 16000054219				
	(Document Number of C	Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this F	lorida Profit Corporation a	dopts the following	ng amendment(s`
A. If amending name, enter the new n	ame of the corporation:			
				The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associations of the contract of t	nation "Corp," "Inc," or "C	o". A professional corpor	orated" or the c ation name must	abbreviation contain the
B. Enter new principal office address, (Principal office address MUST BE A S				
C. Enter new mailing address, if appl	icable:			
(Mailing address MAY BE A POST				
				22.0
		· · · · · · · · · · · · · · · · · · ·		-
D. If amending the registered agent an new registered agent and/or the new registered agent and/or the new registered agent and/or the new registered agent and registered agent	id/or registered office address were registered office address:	ss in Florida, enter the nar	ne of the	
	DEVON AMBROSIA			
Name of New Registered Agent				- 교 없다
	2410 MCJUNKIN ROAD	· · · · · · · · · · · · · · · · · · ·		
	(Florida strect address)			21 116 116 116 116 116 116 116 116 116 1
New Registered Office Address:	LAKELAND		, Florida	
	(C	'ity)	(Zip	Code)
New Registered Agent's Signature, if c	hanging Durintanak Asaat.			
I hereby accept the appointment as regist	ered agent. I am familiar wit	h and accept the obligation.	s of the position.	
	•	,	,	

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)	Title	<u>Name</u>	Address
1) Change	P	JOSE GARCIA	2410 MCJUNKIN ROAD
Add X Remove			LAKELAND, FL 33803
2) X Change	P	DEVON AMBROSIA	2410 MCJUNKIN ROAD
Add			LAKELAND, FL 33803
Remove			
3) Change		*******	
Add			•
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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The date of each amendment(s) adoption:	9-26-2019	, if other than the
date this document was signed. Effective date if applicable:	7-26-2017	
	(no more than 90 days after amendment	file date)
Note: If the date inserted in this block does n document's effective date on the Department of		uirements, this date will not be listed as the
Adoption of Amendment(s) (CH	IECK ONE)	
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a		r the amendment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting		
"The number of votes cast for the amei	adment(s) was/were sufficient for approval	
by	ting group)	N
The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder acti	on and sharcholder
☐ The amendment(s) was/were adopted by the action was not required.	incorporators without shareholder action a	nd shareholder
SEPTEMBER 26, 2019 Dated) no	
(By a director, pres	ident or other officer – if directors or office or or office or or of in the hands of a receiver, true by that fiduciary)	
DEVON A	MBROSIA	
	(Typed or printed name of person signing)	
PRESIDEN	VT.	
	(Title of person signing)	