

Florida Department of State

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Account Name : THERREL BAISDEN, LLP

Account Number : 120140000065 Phone : (305)371-5758

Fax Number : (305)371-3178

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Mhashera therrelouisden. com

COR AMND/RESTATE/CORRECT OR O/D RESIGN PENBROKE SECURITIES, INC.

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COVER LETTER

TO: Amendment Section Division of Corporation	8		
NAME OF CORPORATIO	N: PENBROKE SECU	TRITIÈS, INC	
DOCUMENT NUMBER:	217000036126		
The enclosed Articles of Am		omitted for filing.	
Please return all corresponde	nce concerning this mat	ter to the following:	
MARI	K M. HASNER	-	
		Name of Contact Person	
THER	REL BAISDEN, LLP		
		Firm/ Company	
ONE	S.E. THIRD AVENUE,	SUITE 2950	<u> </u>
		Address	
MIAN	MI, FLORIDA 33131	•	
		City/ State and Zip Code	
MHASNER	@THERRELBAISDEN	I.COM	
	i-mail address: (to be us	ed for future annual report	notification)
For further information conc	erning this matter, pleas	e cail:	
MARK HASNER		at (³⁰⁵	371-5758
Name of Con	tact Person	Axea Co	de & Daytime Telephone Number
Enclosed is a check for the f	ollowing amount made p	payable to the Florida Depa	utment of State:
\$35 Filing Fee	1\$43.75 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)
P.O. Box	nt Section f Corporations	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ussee, FL 32301

HATODENTRUSO 2 HECAPTARY OF STATE DIVISION OF CORPORATIONS

2017 MAY - 1 AM 11: 56

Articles of Amendment to Articles of Incorporation of

PENBROKE SECURITIES, INC		•		
(Name of Corporation	n as currently fli	ed with the Florid	la Dept. of State)	
P17000036126			•	
(Досите	nt Number of Co	rporation (if knows	o)	
Pursuant to the provisions of section 607.1006, Florida 5 its Articles of Incorporation:	Statutes, this <i>Flo</i>	rida Profit Corpore	ation adopts the fo	llowing amendment(s) to
A. If amending name, enter the new name of the cor-	poration:			
				The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp." word "chartered," "professional association," or the al	' "Inc," or "Co"	". A professional	incorporated" or corporation name	the abbreviation must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	RESS)			
			•	
	_		· · · · · · · · · · · · · · · · · · ·	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	-		1.00	
D. If amending the registered agent and/or registere new registered agent and/or the new registered of		in Florida, enter	the name of the	: :
Name of New Registered Agent				
	•			<u>-</u>
	(Florida street e	address)		
New Registered Office Address:		•	, Florida	
	(Cti	(v)	•	(Zip Code)
New Revistered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I	am familiar with			ition.
Signa	ture of New Regi	stered Agent, if cha	inging	

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.

X Change	PT John	n Doc	
X Remove	Y Mil	ke Jones	
X Add	SV Sall	ly Smith	
Type of Action (Check One)	Titte	<u>Name</u>	<u>Addres</u> s
1) Change	· P	OSVALDO VACCA	ONE S.E. 3rd AVENUE
Add	•		SUITE 2950
X Remove	•		MIAMI, FLORIDA 33131
2) Change	PVTSD	ALEJANDRO SARASINO	2450 BRICKELL AVENUE
X Add	·		SUITE 12A
Remove			MIAMI, FLORIDA 33129
3)Change		· · · · · · · · · · · · · · · · · · ·	-
Add			
Remove		·	
4) Change			
Add			
Remove		·	-
5) Change			
Add			
Remove	·		
6) Change		 	_
Add			
Remove			

	f necessary). (Be specific)	
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		W. W.
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		* *************************************
an amendment provid rovisions for implemen (if not applicable, in	es for an exchange, reclassification, or can uting the amendment if not contained in the dicate N/A)	ncellation of issued shares, ne amendment itself:
(0) 101 100 100 100 100 100		
	· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) a date this document was signed.	doption:		if other than the
Effective date if applicable:	(no more than 00 day	s after amendment file date)	
	(no more utan 90 uay	s ujter umenament jite uutej	
Note: If the date inserted in this document's effective date on the D		statutory filing requirements, this date will not	be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were ad by the shareholders was/were st		ber of votes cast for the amendment(s)	
	proved by the shareholders through veach voting group entitled to vote s	voting groups. The following statement separately on the amendment(s):	
"The number of votes case	for the amendment(s) was/were suff	ficient for approval	
by		p	
	(voting group)		
The amendment(s) was/were ad action was not required.	opted by the board of directors witho	out shareholder action and shareholder	
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without si	hareholder action and shareholder	
5-1-17 Dated		>	
Signature	1 lev		
	lirector, president or other officer - i	if directors or officers have not been	
		ds of a receiver, trustee, or other court	
appoir	nted fiduciary by that fiduciary)		
•	OSVALDO VACCA		•
	(Typed or printed name	of person signing)	
	PRESIDENT		
	(l'itle of per	son signing)	

H .--