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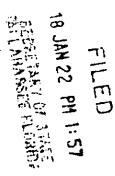
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## COVER LETTER

TO: Amendment Section

Division of Corporations					
NAME OF CORPORATION: PHINA 2E		LUTIONS, INC			
The enclosed Articles of Amendment and fee are sub-	amitted for filing.				
Please return all correspondence concerning this mat	ter to the following:				
ANGEL WOOD MARK  Name of Contact Person  PHINAZEE GLASS SOLUTIONS, INC  Firm/ Company  1206 S COLLINS ST  Address					
PLANT CITY	FL 335U 3	<u> </u>			
PCCS1 9 DINGLE CONSULTING CONSULTANT CONSULT					
ANGEL WOOD MARK at (813) 381 3317  Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□S52.50 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	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle 1880, FL 32301			

## Articles of Amendment

to:

Articles of Incorporation

of

	IONS, INC
(Name of Corporation as currently	filed with the Florida Dept. of State)
P 13 0 0 0 0	00899
(Document Number of C	orporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation;	forida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	F. A professional corporation name must contain the
B. Enter new principal office address, if applicable; (Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3433 LITHIA PINECRESE NO
	* SUITE 339 *
	VALRICO FL 33596
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	is in Florida, enter the name of the
Name of New Registered Agent	
	7 22 T
(Florida street	(address)
New Registered Office Address:	
u	(Zint tolle)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wit	h and accept the obligations of the position.
Signature of New Reg	dstered 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: <u>X</u> Change	<u>PT</u>	John Doc	
X Remove	$\underline{V}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1)Change	<u> 5</u>	KELLY J MENULLEN	
<u>≯</u> Add			MULBERRY FL 33800
Remove			
2) Change			
Add			
Remove			
3 ) Change		<del>-</del>	
Add			
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4) Change			
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Add			
Remove			
6) Change			<del></del>
Add			
Remove			

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f an amendment provides	<u>s for an exchange, r</u>	reclassification, o	r cancellation of i	ssued shares,	
provisions for implement (if not applicable, indi	<u>iing the amendmen</u>	t if not contained	in the amendmen	<u>t itself:</u>	
(у пот аррисате, тап	icare (87,93)				
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The date of each amendment(s) adoption:	01/03/2018	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
(n	to more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not redocument's effective date on the Department of Stat	neet the applicable statutory filing requirements, this te's records.	date will not be listed as the
Adoption of Amendment(s) (CHEC	K ONE)	
☐ The amendment(s) was/were adopted by the shareby the shareholders was/were sufficient for appr	reholders. The number of votes east for the amendmenoval.	nt(s)
	areholders through voting groups. The following state oup entitled to vote separately on the amendment(s):	ment
"The number of votes cast for the amendm	ent(s) was/were sufficient for approval	
by	·"	
(voting	group)	
☐ The amendment(s) was/were adopted by the boar action was not required.	rd of directors without shareholder action and shareho	lder
The amendment(s) was/were adopted by the incoaction was not required.	orporators without shareholder action and shareholder	
Dated O 1 7 / 2 C	at or other officer – if directors or officers have not bee	·n
	rator – if in the hands of a receiver, trustee, or other co	
appointed fiduciary by	that fiduciary)	
Δ	NGEL WOOD MARK	
	oed or printed name of person signing)	
	CEO	
	(Title of person signing)	