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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION	PCNY CONCIER	GE INC			
DOCUMENT NUMBER: P	8000061863	····			
The enclosed Articles of Amer		bmitted for tiling.			
Please return all correspondence	e concerning this ma	tter to the following:			
MICHA	LEL SOTO				
		Name of Contact Person	n		
PCNY	CONCIERGE INC				
		Firm/ Company			
10201 ?	W 3RD CT				
Address					
PEMBE	ROKE PINES, FL 33	026			
		City/ State and Zip Cod	e		
MIKEPCNY®	PGMAIL.COM				
E-r	nail address: (to be us	sed for future annual report	notification)		
For further information concern	ning this matter, pleas	se call:			
	<b>B</b>	,			
MICHAEL SOTO		at (	de & Daytime Telephone Number		
Name of Contact	et Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for the foll	owing amount made	payable to the Florida Depa	artment of State:		
<del>-</del>	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)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio	Address  Iment Section on of Corporations Building		

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

## FILED

PCNY CONCIERGE INC

2018 AUG 28 AM 11: 39

PUNT CONCIERGE INC	
(Name of Corporation	as currently filed with the Florida Dent For State RY OF STATE
P18000061863	TALLAHASSEE.FL
(Documer	nt Number of Corporation (if known)
(	
Pursuant to the provisions of section 607,1006, Florida S its Articles of Incorporation:	tatutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corp	oration:
	The new
	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the breviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDR</u>	ESS )
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered new registered agent and/or the new registered off	
new registered agent and or the new registered or	net address.
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	. Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regist	ered Agent: un familiar with and accept the obligations of the position.
i hereny accept the appointment as registered agent. The	m jamittar with and accept the obligations of the position.
Signati	ure 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.

X Change	<u>PT</u>	John De	<u>oe</u>			
X Remove	<u>V</u>	Mike Jo	<u>ones</u>			
X Add	<u>sv</u>	Sally Si	Sally Smith			
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Address</u>		
1) Change	VP		NELDA SOTO	10201 NW 3RD CT		
XAdd				PEMBROKE PINES, FL 33026		
Remove						
2) Change		<u></u>				
Add						
Remove						
3 ) Change		_				
Add						
Remove						
4) Change						
Add						
Remove						
5) Change		_				
Add						
Remove				-		
6) Change		_	<del></del>			
Add				<del></del>		
Remove						

If amending or adding additional Art Attach <i>àdditional sheets, if necessary).</i>	(Be specific)			
		<del></del>		
			<del></del>	
				-
<del></del>			<u> </u>	
	<del></del>			
	· · · · · · · · · · · · · · · · · · ·	<del></del>	<del></del>	
f an amendment provides for an excl	nange reclassificatio	n or cancellation	of issued shares	
provisions for implementing the ame	ndment if not conta	ined in the amend	ment itself:	
(if not applicable, indicate N/A)				
				<u> </u>
<del></del>				
	<u> </u>			
			· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.	11/18	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the Do	block does not meet the applicable statutory filing requirements, this capartment of State's records.	late will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adby the shareholders was/were so	opted by the shareholders. The number of votes east for the amendment of its for approval.	3(8)
	proved by the shareholders through voting groups. The following states each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	<u> </u>	
	(voting group)	
☐ The amendment(s) was/were addaction was not required.	opted by the board of directors without shareholder action and shareholder	der
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated <u></u> Signature	4-18-1	
(By a c selecte	lirector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other conted fiduciary by that fiduciary)	
	MICHAEL SOTO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	