P18000069667

(Red	questor's Name)	
(Add	dress)	
(Ada	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
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COVER LETTER

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		COVER LETTER		
TO: Amendment Section Division of Corporation	ns			ALL SER
NAME OF CORPORATI	ON: PRY	ÎNVESTMENT 00069667	GROOP Inc	PA III
DOCUMENT NUMBER:	7180	00069667	<u> </u>	
The enclosed Articles of An	nendment and fee are su	bmitted for filing.		7
Please return all correspond	ence concerning this ma	tter to the following:		
	PRERI	ATH3M AL	Glove Inc	
	00.	Name of Contact Person	1 C	
	() ()	Firm/ Company	Chool fur	
	ion Res	I AMARCE TRI		
		Address		
	- (RIMIT	r FU = 3465 City/ State and Zip Cod	5	
		City/ State and Zip Cod	u	
	MEHTA	16@ gmails c	M^	
	E-mail address: (to be us	sed for future annual report	notification)	
For further information con-	cerning this matter, bleas	te cali:		
	econing this indicer, fred.	c cui.		
YRERNA	METTA	a1(813	<u>, 453 , 4949</u>	
Name of Co	ntact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for the	following amount made	payable to the Florida Depa	artment 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 A			Address	
	ent Section of Corporations		Iment Section on of Corporations	
P.O. Box			Building	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment

Articles of Incorporation

PRY INVESTMENT GROVE INC
(Name of Corporation as currently filed with the Florida Dept. of State)

P18000069667

(Document Number of Corporation (if known)

A. If amending name, enter the new name of the corporation	N \ \	
name must be distinguishable and contain the word "corpo "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," word "chartered," "professional association," or the abbrevial	ration," "company," or "inc or "Co". A professional cor	TheThe corporated" or the abbreviation poration name must contain the
B. <u>Enter new principal office address, if applicable:</u> (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)		
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad		name of the
Name of New Registered Agent		
(Flori	da street address)	
New Registered Office Address:	da street address) (City)	, Florida(Zip Code)

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	
_ <u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P	PRERMA MEHTA	1007 Belippipe TRI
X Add			1007 Bellompre TRI TRINITY, FL - 34655
Remove			
2) Change			
Add			
Remove			
3) Change			<u> </u>
Add			
Remove			
4) Change			_
Add			
Remove			
5) Change			-
Add			
Remove			
6) Change			_
Add			
Remove			

tach additional she	ng additional Articles, enter change(s) here: ets, if necessary). (Be specific)
	
	<u> </u>
	
an amendment pro	ovides for an exchange, reclassification, or cancellation of issued shares,
rovisions for imple if not applicable)	ementing the amendment if not contained in the amendment itself:
(у та иррасия	e, macate 1973;
	1 / 1
	, ,
	<u> </u>
	A A

The date of each amendment(s) adoption:date this document was signed.	8/25/18	, if other than the
Effective date if applicable:		
•	no more than 90 days after amendment file o	late)
Note: If the date inserted in this block does not document's effective date on the Department of St		nents, this date will not be listed as the
Adoption of Amendment(s) (CHE	<u>CK ONE</u>)	
The amendment(s) was/were adopted by the sh by the shareholders was/were sufficient for app		amendment(s)
☐ The amendment(s) was/were approved by the s must be separately provided for each voting gr		
"The number of votes cast for the amenda		
by	g group)	
(votin	g group)	
☐ The amendment(s) was/were adopted by the boaction was not required.	ard of directors without shareholder action a	nd shareholder
☐ The amendment(s) was/were adopted by the ineaction was not required.	corporators without shareholder action and sl	narcholder
Dated 8 28 18		
	•	
Signature		
(By a director, preside	ent of other officer – if directors or officers h	
appointed fiduciary b	orator – if in the hands of a receiver, trustee, y that fiduciary)	or other court
	PREPHA META	
(T)	rped or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	