P19000005924

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	 e #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
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COVER LETTER

Division of Corpo	rations		-
NAME OF CORPOR	ATION:ANI	m piloto 019000005	
DOCUMENT NUMB	ER:	01900000	5924
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
		Away Pilo	oto
_		Name of Contact Persor	n
_	1851 WEST	ANAY PILOTO Firm/ Company Chatham	Road.
	West PA	HM BEACH,	FL 33415
	ANAY A	City/State and Zip Code Ciloto 2015 (FL 33415 c 3 GMAil-com notification)
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
	INAY piloto	at (_56 _	de & Davtime Telephone Number
Name o			
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	S43.75 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)
3.5. Y	P A 3 J	£4	A .1.4

Mailing Address

TO: Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

to

Articles	of	Incorpo	ratior
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(Name of Corporation	on as currently filed with the Flori	da Dept, of State)
<i>L</i>	019000005924	
(Docum	ent Number of Corporation (if know	vn)
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corpor	ration adopts the following amendment(s)
A. If amending name, enter the new name of the co	rporation:	
	<u></u> ,	The new
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD	BRITTE EM RESENT A professional	
(Frincipal office duaress <u>most BEASTREET ADD</u>	<u>(KL30</u>)	
		F.
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	v)	$\frac{1}{2}$
(Mulling datasess MAT BE A FOST OFFICE BOZ	<u> </u>	
	- , , 	<u>5</u>
	 	<u> </u>
D. If amending the registered agent and/or register	ed affice address in Klarida enter	the name of the
new registered agent and/or the new registered of		the name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		Florida
ten hegistered Office Address.	(City)	(Zip Code)
6 EL 1 REMINE O EXEMPLE SELECTION IN THE SELECTION OF THE APPOINTMENT AS registered agent.		digations of the position
i mreo, accept the appointment as registered agent.	tan jamuar wun ana accept ine be	ingtations of the position.
	. 	
Signa	iture of New Registered Agent, if ch	anging

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	PT John Do	<u>oc</u>	
X Remove	V Mike Jo	<u>enes</u>	
X Add	SV Sally Sr	<u>nith</u>	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	<u>p.</u>	ANAY PIloto	1851 W. Chatham R. West palm boach, FL 33416
X Add			west palm boach, FL
Remove			33415
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			· · · · · · · · · · · · · · · · · · ·
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach addition	al sheets, if necessary).	(Be specific)			
		, , , , , , , , , , , , , , , , , , , ,			
. ,					
					
provisions for	nt provides for an exch implementing the amer licable, indicate N/A)	ange, reclassificat ndment if not con	ion, or cancellatio ained in the amen	n of issued shares, dment itself;	
			<u></u> .		
	 				
					

The date of each amendment(s) adoption:date this document was signed.	if other than the
·	
Effective date <u>if applicable</u> :	ivs after amendment file date)
Note: If the date inserted in this block does not meet the applicable	e statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The numby the shareholders was/were sufficient for approval.	mber of votes east for the amendment(s)
The amendment(s) was/were approved by the shareholders through must be separately provided for each voting group entitled to vote	
经现代的 医结合性 医皮肤	fficient for approval
by(voting group)	B B
(voting group)	
The amendment(s) was/were adopted by the board of directors wit action was not required.	hout shareholder action and shareholder
The amendment(s) was/were adopted by the incorporators without action was not required.	shareholder action and shareholder
Dated	_
Signature dines	2
(By a director, president or other officer	if directors or officers have not been
selected by an incorporator if if in the ha appointed fiduciary by that fiduciary)	nds of a receiver, trustee, or other court
ANAY A	oiloto
(Typed or printed name	e of person signing)
pre	sident
∉ Title of p	erson signing)