P1900040845

Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: PINNACLE SPAC	DES INC		
	BER: P19000040845			
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	WRAY ABERCROMBIE			
		Name of Contact Person	n	
	ABERCROMBIE ACCOUN	TING INC		
		Firm/ Company		
	16115 SW 117 AVE #25			
		Address		
	MIAMI FL 33177			
		City/ State and Zip Cod	С	
wray	abererombie@msn.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	on concerning this matter, pleas	se call:		
WRAY ABERCROMBIE		at (253-8713	
Name	of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	□S43.75 Filing Fee & Certificate of Status	S43.75 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		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

PINNACLE SPADES INC	算机 层份
(Name of Corporation	n as currently filed with the Florida Dept. of State)
P19000040845	2839 NAY 20 P 2: 34
·	ent Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida S ts Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corp	poration:
N/A	The new
	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the
3. Enter new principal office address, if applicable:	N/A
Principal office address MUST BE A STREET ADDR	RESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u>N/A</u>
D. If amending the registered agent and/or registered	
new registered agent and/or the new registered of	flice address:
Name of New Registered Agent N/A	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regis [hereby accept the appointment as registered agent.] I	stered Agent: am familiar with and accept the obligations of the position.
	· · · · ·
Signat	ture 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.

Example: \underline{X} Change	<u>PT</u>	John Doc			
X Remove	<u>V</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	Title	<u>Na</u>	ame		Address
1) X Change	PTSD	EF	RIK C BOETCKER	_	9970 LARKDALE CT
Add					JACKSONVILLE, FL 32257
Remove					
2) Change		<u> </u>		_	
Add					
Remove					
3) Change				_	
Add					
Remove					
4) Change				_	
Add					
Remove					
5) Change				_ -	
Add					
Remove					
6) Change				_	
Add					
Remove					

	nending or adding additional Articles, enter change(s) here: The additional sheets, if necessary). (Be specific)
N/A	
. <u>H an</u> pro	amendment provides for an exchange, reclassification, or cancellation of issued shares, visions for implementing the amendment if not contained in the amendment itself:
	(if not applicable, indicate N/A)
VA.	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.		
5 Effective date <u>if applicable</u> :	/8/2019	
Effective date <u>it applicable</u> .	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date vegetation of State's records.	vill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes of	east for the amendment(s) was/were sufficient for approval	
bv	_**	
•	(voting group)	
action was not required. The amendment(s) was/were	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	
action was not required.		
5/17/20 Dated		
Signature		
(By sele	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court cointed fiduciary by that fiduciary)	
	WRAY ABERCROMBIE	
	(Typed or printed name of person signing)	
	INCORPORATOR	
	(Title of person signing)	