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PICK-UP WAIT MAIL	
(Business Entity Name)	
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(Document Number)	
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Pecolias Place Inc					
	P20000002854					
	es of Amendment and fee are su	ubmitted for filing.				
Please return all cor	respondence concerning this ma	atter to the following:				
	Johonna Brown					
	<del></del>	Name of Contact Person	n			
	Pecolias Place Inc					
	Firm/ Company					
	24221 Calusa Blvd					
		Address				
	Eustis, FL 32736					
	City/ State and Zip Code					
	pecoliasplace@gmail.com					
	E-mail address: (to be us	sed for future annual report	notification)			
For further informat	ion concerning this matter, plea	se call:				
Johonna Brown		at ( 321	277-0110			
Name of Contact Person			de & Daytime Telephone Number			
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:			
S35 Filing Fee	☐ \$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		Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810			

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Pecolias Place Inc			
(Name of Cor	poration as curre	ntly filed with the Florida Dept. of Sta	ate)
P20000002854			
	Document Number	r of Corporation (if known)	
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, th	is Florida Profit Corporation adopts th	e following amendment(s) to
A. If amending name, enter the new name of	f the corporation:		
N/A			27.
name must be distinguishable and contain the wall- "Inc.," or Co.," or the designation "Corp." "chartered," "professional association," or the	"Inc." or "Co".	A professional corporation name mi	The new ubbreviation "Corp.," ust contain the word
B. Enter new principal office address, if app	licable:	N/A	0.5
(Principal office address MUST BE A STREET ADDRESS)			
C. Enter new mailing address, if applicable:			9 77
(Mailing address MAY BE A POST OFFIC	CE BOX)	N/A	496
			<del>\}</del>
			<del></del>
D. If amending the registered agent and/or r	egistered office ad	dress in Florida, enter the name of th	<u>ıe</u>
new registered agent and/or the new regis	stered office addre	ess:	
Name of New Registered Agent N/A			
<del></del>	(Florida :	street address)	
New Registered Office Address: N/A		. Florid	a
		(City)	(Zip Code)
New Registered Agent's Signature, if changin I hereby accept the appointment as registered as	i <u>g Registered Agei</u> vent. – Lam familia:	<u>nt:</u> r with and accept the obligations of the	pasition
, , , , , , , , , , , , , , , , , , , ,	<b>,</b>	and decept the orangemons by the	promore.
	Signature of New	Registered Agent, if changing	

## Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change	CEO	_	Antwon Strawder	24221 Calusa Blvd
Add				Eustis, FL 32736
X Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Adđ				
Remove				

(Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
∛/A	• • •
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If an amandment provides for an arch	and make a first of the state o
It all allielidillell brusides int an erro-	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amen	idment if not contained in the amendment itself:
provisions for implementing the amen (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
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provisions for implementing the amen (if not applicable, indicate N/A) /A	ndment if not contained in the amendment itself:

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	4/22/2020	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
	22/2020	
Effective date <u>if applicable</u> :	(	
	(no more than 90 days after amend	ment file date)
Note: If the date inserted in this document's effective date on the l	block does not meet the applicable statutory filin Department of State's records.	ng requirements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors	vithout shareholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	lopted by the shareholders. The number of votes of sufficient for approval.	east for the amendment(s)
☐ The amendment(s) was/were a must be separately provided for	oproved by the shareholders through voting groups or each voting group entitled to vote separately on	The following statement the amendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for ap	proval
	to the amendment(s) was were sufficient for ap	novai
by		••
	(voting group)	
4/22/2020		
Dated	,	
Signature	1 more	
	director, president or other officer - if directors or	officers have not been
seleci	by an incorporator – if in the hands of a receive	er, trustee, or other court
appoi	nted fiduciary by that fiduciary)	
	•	
	Johonna Brown	
	(Typed or printed name of person sig	ning)
	CEO and President	
	(Title of person signing)	

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