P20 000067347

(Re	questor's Name)	
(Ad	dress)	
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(Ad	dress)	
(Cit	y/State/Zip/Phone #/)
PICK-UP	☐ WAIT	MAIL
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2020 SEP IL AM 9: 34 SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section

Division of Corporations	•
NAME OF CORPORATION: ALL STREET, DOCUMENT NUMBER: P2000067347	3 WTS
The enclosed Articles of Amendment and fee are submitted for	filing.
Please return all correspondence concerning this matter to the f	_
to the	ono wing.
ALEJAHDRE Name o	DM. ALFONSO f Contact Person
Fire	m/ Company
	Address
HIALER City/ Sta	AN, FL , 33012 ate and Zip Code
E-mail address: (to be used for futu	EZ 460 GMAL. COM re annual report notification)
For further information concerning this matter, please call:	
ALEJANDRO M. ALBINSO Name of Contact Person	at (
Enclosed is a check for the following amount made payable to	·
the losed is a check for the following amount made payable to	the Florida Department of State:
Certificate of Status Certific	5 Filing Fee & S52.50 Filing Fee ed Copy Certificate of Status onal copy is Certified Copy ed) (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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

ALL	STREETS	CUTS		2020 SEP 1	4 AM 9:	34
(Name of	Corporation as curre	ntly filed with th	e Florida Der	of State)		
ρ	10000067	347		TALLAH	ASSEE, F	ile I
•	(Document Numbe	r of Corporation ((if known)			
Pursuant to the provisions of section 607.16 its Articles of Incorporation:	006, Florida Statutes, th	is <i>Florida Profit</i>	Corporation 2	adopts the follo	owing amen	dment(s) to
A. If amending name, enter the new name	ne of the corporation:					
	PEET CUTS				The	
name must be distinguishable and contain to "Inc.," or Co.," or the designation "Co "chartered," "professional association," o	rp, " "Inc," or "Co".	A professional	incorporated corporation	" or the abbre name must co	viation "Cor ontain the w	p.," vord
B. Enter new principal office address, if (Principal office address MUST BE A STI						_
C. Enter new mailing address, if applica (Mailing address MAY BE A POST Of D. If amending the registered agent and new registered agent and/or the new	FFICE BOX) for registered office ac	Idress in Florida	, enter the na	ime of the		- - -
The state of the s	egistered office addre	.55.				
Name of New Registered Agent						
_			_			
	(Florida	street address)				
New Registered Office Address:				_, Florida	_	
		(City)			Zip Code)	_
New Registered Agent's Signature, if cha I hereby accept the appointment as register	i <mark>nging Registered Age</mark> ed agent. I am familia	nt: r with and accept	t the obligation	ns of the posit	ion.	
	Signature of New	Registered Agen	t, 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 Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>SV</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
l) Change				<u> </u>
Add				
Remove				
2) Change				
Add				
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change			<u> </u>	
Add				
Remove				

ttach additional sheets.	dditional Articles, of if necessary). (Be	specific)	<u>- 1 6</u> .		
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an amendment provid	es for an exchange,	reclassification,	or cancellation o	f issued shares,	
rovisions for implement (if not applicable, inc	nting the amendme dicate N/A)	nt if not containe	d in the amendm	ent itself:	
(g sies epprionore, mi		,			
					
			· · - · - · · - · · · · · · · · · ·	•	. <u> </u>
	- -			 -	

The date of each amendment(s) a date this document was signed.	option:, if other than
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 D	ock does not meet the applicable statutory filing requirements, this date will not be listed as partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ad action was not required.	oted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
☐ The amendment(s) was/were ap must be separately provided for	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cas	or the amendment(s) was/were sufficient for approval
by	
•	(voting group)
selecte	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)
	ALEJANDRO M. ALFONSO (Typed or printed name of person signing)
	(Title of person signing)