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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
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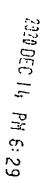
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14N 2 8 2021 S. YOUNG



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	ΤΔΜΡΔ	BAY PICNIC	S INC.
DOCUMENT NUMBER:	P2000	00 90499	
The enclosed Articles of Amend	<i>lment</i> and fee are sul	bmitted for filing.	
Please return all correspondence	concerning this mat	tter to the following:	
	CLAUDET	Name of Contact Person	DUENBACK
		Firm/ Company	
	13402	COPPER HEA	D De.
	RIVERVI	EW, II. 335 City/ State and Zip Code	69
E-m	ail address: (to be us	EITIA @ GMAI ed for future annual report	notification)
For further information concern	ing this matter, pleas	se call:	
CLAUDETTE VEIT	TIA HOULE	NBACK at (727	365-2012
Name of Contac	t Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for the follo	owing amount made p	payable to the Florida Depa	artment of State;
-	43.75 Filing Fee & ertificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Add Amendment S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	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

••	
TAMPA BAY PICHICS INC.	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P200000 9049 9	
(Document Number of Corporation (if known)	

(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	is Florida Profit Corporati	ion adopts the following amend	lment(s
A. If amending name, enter the new name of the corporation:			
PICHICS AND MORE	INC.	The v	iew
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp." "Inc." or "Co", "chartered," "professional association," or the abbreviation "P.A.	"company," or "incorpored A professional corporate	ated" or the abbreviation "Corpion name must contain the w).,'' ord
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A	2827 DI	_ • · ;
			- <u>1</u>
C. Enter new mailing address, if applicable:	. 1		11
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	N/A	<u> </u>	
			_
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address Name of New Registered Agent			_
	street address)		
New Registered Office Address:	(City)	, Florida(Zip Code)	
	•	•	
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familian		ations of the position.	
N/A	D :		
1	Registered Agent, if chang	ging	
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)

Example:

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.

X Change	PT	John Doe	
X Remove	V	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		N/A	
Add			
Remove			
2) Change			
Add			
Remove 3) Change		<u> </u>	
Add			<u></u>
Remove			
4) Change			
Add			
Remove			
5) Change			<u> </u>
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additi	or adding additiona onal sheets, if necessi	ary). (Be specif	ic)			
N/A						
			<u></u>			
						
						
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			-			
						
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				·		
If an amend:	ment provides for an	<u>exchange, recla</u>	ssification, or ca	ncellation of issu	ed shares,	
	pplicable, indicate N		or communica in	and and and and	iserr,	
I/A						
		_				
			<u>-</u>			
						

The date of each amendment(s) adoption: $\frac{12/08/2020}{}$, if other than
date this document was signed.
Effective date if applicable: N/A
Effective date if applicable: NA (no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by
by" (voting group)
17/00/000
Dated
Signature
(By a director, president or other officer – if directors or officers have not been
selected, by an incorporator - if in the hands of a receiver, trustee, or other court
appointed fiduciary by that fiduciary)
CLAUDETTE VEITIA HOLLENBACK
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)

the

the