## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet





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## COR AMND/RESTATE/CORRECT OR O/D RESIGN CAROLA ORGANIZE INC

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Help

MAR 3 0 2022

TO: Amendment Section

## **COVER LETTER**

Division of Corpora	ations		
NAME OF CORPORA	ATION: CAROLA ORGAN	IZE INC	<del></del>
DOCUMENT NUMBE	CR: P22000022767		
	Amendment and fee are sub	mitted for filing.	•
Please return all corresp	ondence concerning this mat	ter to the following:	
·	DAR	LENYS C RENGEL GON	ZALEZ
_	· · · · · · · · · · · · · · · · · · ·	Name of Contact Person	Λ.
		PRESIDENT	
_		Firm/ Company	
	70	00 SOUTHGATE BLVD	APT 111
-		Address	<del></del>
		TAMARAC FL 33321	
_		City/ State and Zip Code	
		sa@pinpointg.com	
-	E-mail address: (to be us	ed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
DARLENYS C RENC	IEL GONZALEZ	at (	de & Daytime Telephone Number
Name o	f Contact Person	Area Co	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)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 thassee, FL 32314	Amend Division The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

FILED

•	Articles of Amendment	•
	to Articles of Incorporation of	2022 MAR 29 AM 10: 58
	CAROLA ORGANIZE INC	SECRETARY OF STATE
(Name of Cor	poration as currently filed with the l	lorida Dept. of State)
	P22000022767	
(	Document Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this Florida Profit Co	prporation adopts the following amendment(s
A. If amending name, enter the new name o	f the corporation;	
name must be distinguishable and contain the w		The new
"Inc.," or Co.," or the designation "Corp," "chartered," "professional association," or the B. Enter new principal office address, if app	"Inc," or "Co". A professional co e abbreviation "P.A."	orporation name must contain the word
(Principal office address MUST BE A STREE	CT ADDRESS )	
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)	:: CE BOX)	
D. If amending the registered agent and/or new registered agent and/or the new reg	registered office address in Florida,	enter the name of the
	RLENYS C RENGEL GONZALEZ	
Name of New Registered Agent	REEN 13 C REPORTS CONSTRUCT	
	(Florida street address)	
		Florida
New Registered Office Address:	(City)	(Zip Code)
	(3,)	, -
•		
New Registered Agent's Signature, if chang I hereby accept the appointment as registered	ting Registered Agent: agent. I am familiar with and accept	the obligations of the position.
	( ) parlengs	· .
	Signature of New Registered Agent	if changing
on the Markla		

<sup>☐</sup> 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 <math>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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
i) X Change	P	DARLENYS C RENGEL GONZALE?	
Add			
Remove			
2) Change			
Add			
Remove 3) Change		_	
Add			
Remove			
4) Change	_		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Remove			

amending or adding additional Arti tach additional sheets, if necessary).	(Be specific)	
		_
		_
f an amendment provides for an exc	change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	lengment if not Contained in the autoromety recen-	
G		
		_
		_

The date of each amendment		, if other than the
date this document was signed		·
mee e la la communication	03/29/2022	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment)	file date)
Note: If the date inserted in document's effective date on t	this block does not meet the applicable statutory filing require behavior of State's records.	uirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we action was not required.	re adopted by the incorporators, or board of directors withou	it shareholder action and shareholder
☐ The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast fo ere sufficient for approval.	r the amendment(s)
☐ The amendment(s) was/we must be separately provide	re approved by the shareholders through voting groups. The ed for each voting group entitled to vote separately on the an	following statement mendment(s):
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	I
by		
<u> </u>	(voting group)	•
03/29	1/2022	·
Dated		
	() aglonya	
Signature _	By a director, president of other officer – if directors or office	ers have not been
I)	By a director, president or other officer – if directors or office elected, by an incorporator – if in the hands of a receiver, true	ers have not occur
	ppointed fiduciary by that fiduciary)	, c. 05.00 00===
u	DARLENYS C RENGEL GONZ	7 8 1 12 7
	DARLENTS CRENGEL GON	
	(Typed or printed name of person signing)	<u> </u>
	PRESIDENT	
	(Title of person signing)	