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AUG 0 4 2023 D CUSHING

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: NOITA	2 Manago	ment Asso	ciatus,	INC
DOCUMENT NUMB		2062821		_	
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.			
Please return all corresp	pondence concerning this ma	tter to the following:			
-		City/ State and Zip Cod No Market Report Seed for future annual report	De De 2340 BOLicom	<u>-</u> 62	
For further information	concerning this matter, pleas			2023 JU SECPS TALL	en com
Name o	f Contact Person	at (at Co	de & Daytime Telephone ?	Number 2	carren Australia
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment of State:	SYPE ACT	i Ti
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate 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)	PM 2:21	
Ame Divis P.O.	ing Address Indiment Section Island of Corporations Box 6327 hassee, FL 32314	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 8	810	

Tallahassee, FL 32303



April 7, 2023

CHARLES T HUTTON
PIONEER MANAGEMENT ASSOCIATES INC
6128 PALM BREEZES DRIVE
LAKE WORTH, FL 33462

SUBJECT: PIONEER MANAGEMENT ASSOCIATES INC.

Ref. Number: P94000062821

We have received your document for PIONEER MANAGEMENT ASSOCIATES INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You would need to file Articles of Amendment not Articles of Correction. Please do not list your SS# because our records are out there for the public to see.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 223A00007963

Diane Cushing Senior Section Administrator

MAY 2 2 2023



June 28, 2023

CHARLES T HUTTON
PIONEER MANAGEMENT ASSOCIATES INC
6128 PALM BREEZES DRIVE
LAKE WORTH, FL 33462

SUBJECT: PIONEER MANAGEMENT ASSOCIATES INC.

Ref. Number: P94000062821

We have received your document for PIONEER MANAGEMENT ASSOCIATES INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must submit the complete application not just the page you completed.

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

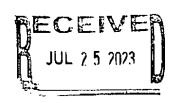
If the corporation is a <u>PROFIT</u> corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Operations Manager A

Letter Number: 323A00014625



Articles of Amendment to Articles of Incorporation of

(Name of Corporation	s currently filed with the Florida Dept. of State)
P9400006	2821
(Documen	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Stits Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corp	oration:
	The new
name must be distinguishable and contain the word "corpo". "Inc.," or Co.," or the designation "Corp," "Inc.," o "chartered," "professional association," or the abbrevia	oration," "company," or "incorporated" or the abbreviation "Corp.," - "Co". A professional corporation name must contain the word ion "P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRI</u>	<u></u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered new registered agent and/or the new registered off	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I at Signature	red Agent: In familiar with and accept the obligations of the position. The control of the position of the position of the position. The control of the position of the position of the position of the position.

Check if applicable

 \square The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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>e</u>		
X Remove	$\underline{\mathbf{V}}$	Mike Jo	nes		
_X Add	<u>SV</u>	Sally Sn	<u>uith</u>		
Type of Action (Check One)	<u>Title</u>		Name		<u>Addres</u> s
1) Change		_			
Add					
Remove					
2) Change		_		·	
Add					
Remove 3) Change		-			
Add					
Remove					
4) Change		_			
Add					
Remove					
5) Change					 ·
Add					
Remove					
6) Change		_			
Add					
Remove					

CHARLES T. HUTTON		66 3/3 % To 50%	
SS# 263-68-5192	-	To 50%	<u>S</u> HK
PETER M. CROWE	5 FRom	33/3 % To 50%	
SS# 049-60-480		To 50%	<u>.S</u> H
			<u> </u>
		5/17/2023	• •
n amendment provides for an exchange, reclassifications for implementing the amendment if not capable, indicate N/A)			
		<u> </u>	
	· · · · · · · · · · · · · · · · · · ·		

E. If amending or adding additional Articles, enter change(s) here:

The date of each amendment(s) addate this document was signed.	option:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file	e date)
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requirement of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado action was not required.	oted by the incorporators, or board of directors without s	shareholder action and shareholder
The amendment(s) was/were ado by the shareholders was/were su	oted by the shareholders. The number of votes east for t Ticient for approval.	the amendment(s)
	roved by the shareholders through voting groups. The fa- each voting group entitled to vote separately on the ame	
"The number of votes cast t	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Signature (By a di selected	rector, president or other officer – if directors or officers, by an incorporator – if in the hands of a receiver, trusted fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	<u> </u>
	(Typed or printed name of person signing)	
	PROSIDONT	
	(Title of person signing)	