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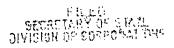
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Pinellas Business	Ventures, Inc.				
DOCUMENT NUMB	ER:					
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Please return all corres	pondence concerning this ma	tter to the following:				
	Robert J. Hough					
•	Name of Contact Person					
	Pinellas Business Ventures Inc.					
-		Firm/ Company				
	26133 US Hwy 19N. Suite 306					
•	Address					
	Clearwater, Fkorida 33763					
-		City/ State and Zip Code				
hough	robert30@gmail.com					
		sed for future annual report	notification)			
	D man address (to be at	god for fatare annual report				
For further information	concerning this matter, pleas	se call:				
Robert J. Hough		at (4105108			
Name of Contact Person		Area Co	de & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State;			
\$35 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)			
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle assee, FL 32301			

Articles of Amendment to Articles of Incorporation of



15 AUG -7 PM 1:49

(Name e) Pinellas Business Ventures Inc.	of Corporation as curren PCi	tly filed with the Florida Dept. of State
	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new n	ame of the corporation:	
N/A		The new
	nation "Corp," "Inc," or	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."
B. Enter new principal office address, if applicable:		26133 US Hwy 19 N Suite 306
(Principal office address <u>MUST BE A S</u>		Clearwater, FL. 33763
C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)		26133 US Hwy 19 N Suite 306
(<u> </u>	Clearwater, FL. 33763
D. If amonding the registered agent or	ad on marieta and office add	Jugge in Florida, autou the name of the
D. If amending the registered agent ar new registered agent and/or the ne		
Name of New Registered Agent	N/A	
	(Florida s	treet address)
New Registered Office Address:	N/A	, Florida
THE MORNING ON STREET AND THE		(City) (Zip Code)
New Registered Agent's Signature, if c	hanging Registered Agen	f:
		with and accept the obligations of the position.
_	Signature of Nav	Registered Agent if changing

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.

Example: X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_	N/A	
Add				
Remove				
2) Change	<u> </u>	_ _	N/A	<u></u>
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change	 .			
Add				
Remove				

(Attach additional sheets, if necessary).	(Be specific)
/A	
<u> </u>	
······································	
	
If an amendment provides for an excha	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amen	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
/A	·

and the second second	August 4, 2015	Fli Ff:	
The date of each amendment		STORY THE STATE OF	, if other than the
date this document was signed.		DIVISION OF CORPORAL ON-	
Tipe 41 1 4 16 11 11	August 4, 2015	1	•
Effective date if applicable:		s after amendment file date)	
	(no more than 90 day	s after amendment file date)	
Note: If the date inserted in the document's effective date on the	his block does not meet the applicable to Department of State's records.	statutory filing requirements, this date will n	ot be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The numl re sufficient for approval.	per of votes cast for the amendment(s)	
	e approved by the shareholders through very deformed to vote some states of the same and the same are some some some some some some some som		
	cast for the amendment(s) was/were suff	• •	
by	(voting group)	."	
•	(voting group)		
	e adopted by the board of directors witho		
☐ The amendment(s) was/wer action was not required.	e adopted by the incorporators without sh	nareholder action and shareholder	
Augus	t 4, 2015		
Dated	, , , , , , , , , , , , , , , , , , ,	_	
	1/d. 1 1 1 ha		
Signature	Tour for	0.11	
	y a director, president or other officer – i ected, by an incorporator – if in the hand		
	pointed fiduciary by that fiduciary)	is of a receiver, trustee, or other court	
щр	pointed fiduciary by that fiduciary)		
	Robert J. Hough		
	(Typed or printed name	of person signing)	
	President		
	(Title of per	son signing)	