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Special Instructions to I	Filing Officer:		
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R. WHITE



COVER LETTER

TO: Amendment Section

Division of Corporations				
NAME OF CORPORATION: Pat Sherman Whole sale Inc DOCUMENT NUMBER: Pat Sherman Whole sale Inc Page 0000 2/601				
DOCUMENT NUMBER: 199000 2/60				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Michael J. Calvacca Name of Contact Person Pat Sherman Wholesale, Int Firm/Company				
Pat Sherman Wholesale, Inc				
Firm/Company 4907 Crest Hill Dr				
Firm/Company 4907 Crest Hill Dr Address TAMPA, [-] 336/5 City/ State and Zip Code				
City/ State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
MICHAEL J CALLACEA at (813) 765-0014 Name of Contact Person Area Code & Daytime Telephone Number				
Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee Certificate of Status S43.75 Filing Fee & Certificate of Status (Additional copy is enclosed) Certificate of Status (Additional Copy is enclosed)				
Mailing Address Amendment Section Street Address Amendment Section				

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations

Articles of Amendment

FILED

Articles of Incorporation

18 FEB 26 AM 10: 39 Pat Sherman Trough Falls

(Name of Corporation as currently	filed with the Florida Dept. of State)
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Cword "chartered," "professional association," or the abbreviation "F	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent	
(Florida stree	et address)
New Registered Office Address:	, Florida
(1	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with the second sec	ith and accept the obligations of the position.
Signature of New Re	gistered 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 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> <u>John</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	<u>e Jones</u>	
X Add	SV Sally	y Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address .
1) Change	5 TD	carol A. Sherman	4907 crest Hill DI 1pmpa, F 33615
Add			TPMPK, 1= 336/5
X Remove			
2) Change	<u>v-P</u>	Richard Robert Calvacca	5508 Whitmore Dr TAMPA, Fl 33634
X Add			14 MP4, M 30627
Remove			
3) Change			
Add			-
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additiona	dding additional Article sheets, if necessary). (
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<u>If an amendmer</u>	t provides for an exchan	ge, reclassifi	cation, or canc	ellation of issue	d shares,	
provisions for	mplementing the amend	ment if not c	ontained in the	amendment its	elf:	
	cable, indicate N/A)		_			
Vichael J	Calvacca ha	s 60%	'n af -	hares		
ichard i	Calvacca	. has	400/0	ot sha	rls	
		•				
			· · · · · · · · · · · · · · · · · · ·			

The date of each amendment(s) adoption: \(\lambda \tau - 23 \tau \tag{3} \tag{7}	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days afte	r amendment file date)
Note: If the date inserted in this block does not meet the applicable statu document's effective date on the Department of State's records.	tory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of by the shareholders was/were sufficient for approval.	f votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting must be separately provided for each voting group entitled to vote separately provided.	
"The number of votes cast for the amendment(s) was/were sufficient	t for approval
by	<u> </u>
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shaction was not required.	areholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without sharehaction was not required.	older action and shareholder
Dated 2,231/8	
Signature <u>Junulul) (alluveta</u> (By a director, president or other officer – if director)	vetors or officers have not been
selected, by an incorporator – if in the hands of appointed fiduciary by that fiduciary)	a receiver, trustee, or other court
Michael J. Calv (Typed or printed name of po	acla
(1 yped or printed name of po	rson signing)
President	igning)
(Title of person s	igning)