## P13000042806

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	<i>⇒#</i> )
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## **COVER LETTER**

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: PACHECO PINE STRAW INC.
DOCUMENT NUMBER: D 130000 42806
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jose Pacheco Name of Contact Person
Pacheco Pine straw Inc.
2279-1 Creel Trail
2279-1 Creel Trail  Address  Hallahassee fl. 32311
tallahassee fl. 32311
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Se Pacheco at (912) 5857567  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 Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

Articles of A to Articles of Inc			<b>E</b> S 3	
PACHECO PINE S  (Name of Corporation as currently filed with the F	TEAW	INC.	EP 23 P	
13000042806 (Document Number of Corporation (i	if known)		PM 1: 2	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corpor	ation adopts the following	₩m —	)
A. If amending name, enter the new name of the corporation:			m.	
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or ' word "chartered," "professional association," or the abbreviation	Co". A professional			
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2279-1 Tallahas	Creel Tra	9 <b>/</b> -	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5ame	32311	-	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address		the name of the	-	
Name of New Registered Agent 2279-1 Talk Vwse (Florida st.	Creel fl. 323	Trail		
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  1 hereby accept the appointment as registered agent  Signature of New Pagistered	t: with and accept the ob	ligations of the position.		

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	PT John D	<u>oe</u>	
X Remove	<u>V</u> <u>Mike J</u>	ones	
X Add	SV Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	President	jose Pacheco	2279-1 Creel trail Talkhassee fl. 32311
Remove 2) Change Add	10.	Haría M. Pacheco	2279-1 Creel frai Tallatlassec fl.
Remove 3) Change Add Remove			<u></u>
4) Change Add Remove	- A		
5) Change Add Remove			
6) Change Add Remove	<del></del> .		

inaon administration sheets, if hecessary).	ticles, enter change(s) her (Be specific)		
T			
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f an amendment provides for an ex	change, reclassification, o	r cancellation of issued shares,	
nravisions for implementing the ar	endment if not contained	in the amendment itself:	
(if and applicable indicate 3//4)			
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			

The date of each amendment(s) adoption: 42313
Effective date if applicable:
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east 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"  (voting group)
(voting group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated 9/23/2013
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)
(Typed or printed name of person signing)
(Title of person signing)