## P02000025922

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## COVER LETTER

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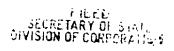
**TO:** Amendment Section Division of Corporations

MA ES YAN ES

NAME OF CORPO	RATION: Peace of Mind Bo	okkeeping Inc				
DOCUMENT NUM	BER: P02000025922					
	of Amendment and fee are su	ibmitted for filing.				
Please return all corre	spondence concerning this ma	tter to the following:				
	Idania Jolie					
	Name of Contact Person					
	Peace of Mind Bookkeeping Inc					
		Firm/ Company	<del>.</del>			
	4801 S University Drive Suite 129					
	Address					
	Davie, Fl. 33324					
		City/ State and Zip Cod	e			
peace	eofmindbkpg@gmail.com					
	· - <del>-</del> -	sed for future annual report	notification)			
For further informatio	n concerning this matter, plea	se call:				
Idania Jolie		954 at (	) 587-3472 de & Daytime Telephone Number			
Name	of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment 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)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle				

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



20 HAY 23 AM 11: 50

## PEACE OF MIND BOOKKEEPING INC

(Name of Corporation as curr	rently filed with the Florida Dept. of State)
P02000025922	
(Document Numb	ber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation	<u>n:</u>
	The new
name must be distinguishable and contain the word "corpor "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," word "chartered," "professional association," or the abbreviati	
B. Enter new principal office address, if applicable:	
Principal office address <u>MUST BE A STREET ADDRESS</u> )	
	<del>- · · · · · · · · · · · · · · · · · · ·</del>
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 in Florida, enter the name of the
new registered agent and/or the new registered office add	dress:
Name of New Registered Agent	
	da street address)
New Registered Office Address:	(City) Florida (Zip Code)
	(Cap) Cone)
New Registered Agent's Signature, if changing Registered Ag	gent:
hereby accept the appointment as registered agent. I am famil	
Signature of N	iew 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 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 Doe		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
1) Change	P	IDANIA JOLIE	10120 SW 15TH PLACE	
X Add			DAVIE, FL 33324	
Remove				
2) M Change	MGR	MAYDA ROBERTAZZI	4801 S UNIVERSITY DR STE 12	
Add			DAVIE, FL 33328	
Remove			-	
3 ) Change				
Add				
Remove				
4) Change	_			
Add				
Remove				
5) Change				
Add				
Remove				
6) Change	<u></u>			
Add				
Pamaya				

If amending or adding additional Artical (Attach additional sheets, if necessary).	(Be specific)
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(іј погаррисавіе, такале мя)	

The date of each amendment(s) adopt date this document was signed.	ion:	, if other than the
Effective date if applicable:	•	
<u>apparaist</u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depart	c does not meet the applicable statutory filing requirements, this date venent of State's records.	vill not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted by the shareholders was/were suffici	d by the shareholders. The number of votes cast for the amendment(s) tent for approval.	
	ed by the shareholders through voting groups. The following statement h voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for t	the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were adopted action was not required.	d by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted action was not required.	d by the incorporators without shareholder action and shareholder	
05/17/2018		
DatedSignature	Janu Hil	
(By a direct selected, by	tor, president or other officer if directors or officers have not been y an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)	_ <del>_</del>
IDa	ANIA JOLIE	
_	(Typed or printed name of person signing)	
PR	ESIDENT	
	(Title of person signing)	