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R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: New Perf	ect Services,	Inc		
DOCUMENT NUMBER	R: P04000010	997	····		
The enclosed Articles of	Amendment and fee are su	bmitted for filing.			
Please return all correspo	ndence concerning this ma	tter to the following:			
G	Sustavo Avella	aneda			
_	, 10 1011 11 11 11 11 11 11 11 11 11 11 11 11	Name of Contact Persor	1		
N	lew Perfect S	ervices, Inc			
	· • • • • • • • • • • • • • • • • • • •	Firm/ Company			
7	940 Verna Be	thany Rd			
 -		Address			
N	1yakka City, F	L 34251			
		City/ State and Zip Code			
new	perfect serv	ice@hotmail.d	com		
<u> </u>		sed for future annual report			
For further information co	oncerning this matter, pleas	se call:			
Gustavo Ave	ellaneda	at (941	,932-7938		
Name of 0	Contact Person		de & Daytime Telephone Number		
Enclosed is a check for the	ne 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)		
Mailing Address			Address		
Amendment Section Division of Corporations		Amendment Section			
	n of Corporations ox 6327		Division of Corporations Clifton Building		
Tallahassee, FL 32314 2661 Executive Center Circle					
		Tallaha	ssee, FL 32301		

Articles of Amendment to **Articles of Incorporation** of

FILED 18 AUG 29 AM 11: 14

New Perfect Services Inc.

	OL	-1-	HOU EO MAI	14
New Perfect Services Inc.		,SEC	RETARY OF ST	TATES
(Name of Corporation as currently filed with	he Florida Dept. of State)	TALI	AHASSEE, FLO	ORIDA.
P0400010997		•		**

(Document Number of Corporation (if known)

dment(s) to

	ne corporation:		
ame must be distinguishable and contain the Corp.," "Inc.," or Co.," or the designation "Coord "chartered," "professional association," or	Corp," "Inc," or "Co". A pr	any," or "incorpo rofessional corpora	rated" or the a
. Enter new principal office address, if applica Principal office address <u>MUST BE A STREET A</u>			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)			
If a monding the registered exact and/or regis	interest office address in Flori		
. If amending the registered agent and/or reginew registered agent and/or the new register		iga, enter the nam	e of the
Name of New Registered Agent			
	(Florida street address)		
		, Florida_	
New Registered Office Address:	(City)		(Zip Code)

Signature of New 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.

X Change	<u>PT</u> <u>John</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>V</u>	Claudia Avellaneda	7940 Verna Bethany Rd
Add			Myakka City, FL 34251
X Remove			
2) Change	<u>S</u>	Claudia Avellaneda	7940 Verna Bethany Rd
Add			Myakka City, FL 34251
X Remove			
3) Change	<u>V</u>	Claudia Orejarena	7940 Verna Bethany Rd
X_{Add}			Myakka City, FL 3451
Remove			
4) Change	<u>S</u>	Claudia Orejarena	7940 Verna Bethany Rd
X Add			Myakka City, FL 34251
Remove			
5) Change			
Add			
Remove			
6) Change			-
Add			
Remove			

<u>If amending</u> (Attach <i>addit</i> .	or adding additio ional sheets, if nece	nal Articles, ente ssarv). (Be spec	r change(s) her cific)	<u>e</u> :		
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If an amend	ment provides for	an evchange rec	lassification or	cancellation of	issued chares	
provisions t	or implementing t	he amendment if	not contained	in the amendme	nt itself:	
(if not a	pplicable, indicate	N/A)				
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The date of each amendment(s)	adoption: August 27, 2013	, if other than the
date this document was signed.	August 27, 2013	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
☐ The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
Dated Signature	1/2013 Hw/w// w/5	
selec	a director, president or other officer – if directors or officers have not been etch, by an incorporator – if in the hands of a receiver, trustee, or other court pinted fiduciary by that fiduciary)	
	Gustavo Avellaneda	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	