(	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	P
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:

Office Use Only



700249038287

06/21/13--01005--006 \*\*35.00

JUN 25 2013 T. LEMIEUX

## COVER LETTER

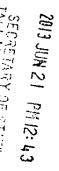
**TO:** Amendment Section Division of Corporations

•		
NAME OF CORPORATION: PAR HYC	SIENE INC	
DOCUMENT NUMBER: P0800001	058	
The enclosed Articles of Amendment and fee are sub	mitted for filing.	
Please return all correspondence concerning this matte	er to the following:	
ANGEL D CORDOVA		
	(Name of Contact Person	)
ANGEL D CORDOVA &	CO	
	(Firm/ Company)	
780 NW 42 AVENUE #3	25	
	(Address)	
MIAMI, FL 33126		
	(City/ State and Zip Code	2)
AR@ACORDOVA		
E-mail address: (to be used	for future annual report i	notification)
For further information concerning this matter, please	call:	
ANGEL D CORDOVA	<sub>at (</sub> 305	444-5511
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	ayable to the Florida Depa	rtment of State:
\$35 Filing Fee \$\sum \$\sum \text{\$\sum \text{\$\sin \sin \text{\$\sin \tex	□\$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	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

PAR HYGIENE INC		
(Name of Corporation as currently	y filed with the Flo	orida Dept. of State)
P08000001058		
(Document	Number of Corpor	ration (if known)
Pursuant to the provisions of section 617.1 amendment(s) to its Articles of Incorporati		es, this Florida Not For Profit Corporation adopts the follo
A. If amending name, enter the new nai	me of the corporat	<mark>tion:</mark> The
		ation" or "incorporated" or the abbreviation "Corp." or "In
"Company" or "Co." may not be used in	<u>the name</u> .	
B. Enter new principal office address, i	f applicable:	N/A
(Principal office address <u>MUST BE A ST</u>	REET ADDRESS	
C. Enter new mailing address, if applic		N/A
(Mailing address <u>MAY BE A POST C</u>	OFFICE BOX)	IV/A
D. If amending the registered agent and new registered agent and/or the new		ice address in Florida, enter the name of the
	N/A	aduress:
Name of New Registered Agent:	11//	
New Registered Office Address:		(Florida street address)
Hen hegistered Office Hadress.	N/A	
		, Florida, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if ch I hereby accept the appointment as registe		d Agent: amiliar with and accept the obligations of the position.
$\overline{Sigi}$	nature of New Regi.	istered Agent, if changing

Page 1 of 4



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: XChange X Remove X Add	PT John Do V Mike Jo SV Sally Sr	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>VP</u>	FACUNDO VILLANUEVA	780 NW 42 AVE #340
Add			MIAMI, FL 33126
X Remove			
2) Change	<del></del>		
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
r)			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)	inge(s) here:			
I/A					
	<del> </del>				<u> </u>
				<u>-</u> .	
- · · · · · · · · · · · · · · · · · · ·		· <del>-</del> ·- · · · · · · · · · · · · · · · · ·			
				<del></del>	
<del>- · · · · · · · · · · · · · · · · · · ·</del>					
			· · · ·		
				<del> </del>	
· · · · · · · · · · · · · · · · · · ·					
			<del> </del>	<u> </u>	

The date of each amendmen	t(s) adoption: 6/17/2013
Effective date <u>if applicable</u> :	6/17/2013
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/w was/were sufficient for a	vere adopted by the members and the number of votes cast for the amendment(s) pproval.
adopted by the board of	members entitled to vote on the amendment(s). The amendment(s) was/were directors.
(By the	e chairman or vice chairman of the board, president or other officer-if directors not been selected, by an-incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)
ANGE	LO M SERVALLI
<del>- "</del>	(Typed or printed name of person signing)
VICE-F	PRESIDENT
	(Title of person signing)