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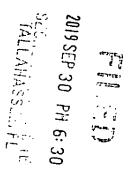
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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: PREMIER SERVI	ES PROS INC		
DOCUMENT NUMB	ER:			
	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	SHAWN WISER			
•		Name of Contact Person	1	
	PREMIER SERVICES PRO	S INC		
		Firm/Company		
	22655 ISLAND LAKES DR	·		
	Address			
	ESTERO FL 33928			
		City/ State and Zip Cod	e	
ALFA	AYER12345@EARTHLINK.	NET		
-	E-mail address: (to be u	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
SHAWM WISER		at (239	de & Daytime Telephone Number	
Name o	Name of Contact Person Area Code & Daytime Telephone		de & Daytime Telephone Number	
Enclosed is a check for	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

	Riennier	-250x25 P	いい、エハ	· •
(Name of Corpo	ration as currently filed	with the Florida Dept. of	f State)	-
(Do	ocument Number of Corpo	oration (if known)		<del></del>
Pursuant to the provisions of section 607.1006. Floits Articles of Incorporation:	orida Statutes, this <i>Florid</i>	a Profit Corporation adop	ts the following a	mendment(s)
A. If amending name, enter the new name of th	e corporation:			
	,		99	ie new
name must be distinguishable and contain the "Corp." "Inc." or Co.," or the designation "C	orp, " "Inc," or "Co".	ompany," or "incorporat A professional corporatio	ted" or the abbr	eviation
word "chartered," "professional association," or	the abbreviation "P.A."		ود. ا	20
B. Enter new principal office address, if applica				5 
(Principal office address MUST BE A STREET)	<u>ADDRESS</u> )		=	
			<u> </u>	<del></del>
			<u></u>	ر: <del>حمد</del>
C. Enter any mailing address if applicables			10.0	<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)		ੂੰ। <del>ਜ</del> ਾਹਿੰ	ئ. ي.
			1-1-	30
			· · ·	<del></del>
D. If amending the registered agent and/or reginew registered agent and/or the new registered		Florida, enter the name o	of the	<del></del>
Name of New Registered Agent				
<del></del>	(Florida street add	ressi		
	,	,		
New Registered Office Address:	(City)	, FI	orida	
	(City)		the Cou	.,
New Registered Agent's Signature, if changing	Pagistored Agent:			
I hereby accept the appointment as registered ager		d accept the obligations of	the position.	
			-	
	ı	red Agent, if changing		
	Signature of New Register	ed 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)	<u>Title</u>	<u>Name</u>	Address	
1) Change	VP	AUSTIN WISER	22655 ISLAND LAKES DR	
X Add			ESTERO, FL 33928	
Remove				
2) Change				
Add				
Remove				
3 ) Change				
Add				
Remove			<u> </u>	
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
0 0		•		
6) Change				
Add				
Remove				

	(Be specific)	,		
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provisions for implementing the ame	ange, reclassificati ndment if not conti	on, or cancellation of ined in the amendme	issued shares, nt itself:	
an amendment provides for an exchorovisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassificati ndment if not conti	on, or cancellation of ined in the amendme	issued shares, ent itself:	
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provisions for implementing the ame	ndment if not conti	on, or cancellation of ined in the amendme	issued shares, ent itself:	

The date of each amendment(s) adop	ption:	, if other than the
date this document was signed.	-	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this blo- document's effective date on the Depa	ck does not meet the applicable statutory filing requirements, this date wintment of State's records.	II not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.	
☐ The amendment(s) was/were appromust be separately provided for ea	oved by the shareholders through voting groups. The following statement such voting group entitled to vote separately on the amendment(s):	
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval	
by	"	
	(voting group)	
action was not required.	ted by the board of directors without shareholder action and shareholder	
action was not required.	the meorporators without siturctioned action and siturctioned	
09-25-2019 Dated		
Signature		
(By a flire selected.	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court diffiduciary by that fiduciary)	
S	HAWN WISER	
	(Typed or printed name of person signing)	
P	RESIDENT	
<del>-</del>	(Title of person signing)	<del></del>