P1200000/842

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
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JUN 9 2015

C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Paradise Cut,INC		
DOCUMENT NUMB			
	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	oondence concerning this ma	tter to the following:	
•	Gilbert Pinkston		
-		Name of Contact Person	1
1	Paradise Cut,INC		
		Firm/ Company	-
	14514 SOUTHWEST 138 A	VENUE	
-		Address	
]	MIAMI ,FL 33186-7220		
-		City/ State and Zip Code	2
gp ge	nesis2005@yahoo.com		
<u></u>		sed for future annual report	notification)
For further information concerning this matter, please call:			
Gilbert Pinkston		at (_) 423-3042
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	ertment 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)
Amer Divis P.O.	ing Address ndment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building xecutive Center Circle ussee, FL 32301

Articles of Amendment to Articles of Incorporation of



15 JUN -2 PM 2:40

Paradise Cut,Inc	- · · · -
(Name of Corporat	tion as currently filed with the Florida Dept. of State)
P12000001842	
(Docu	ment Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florid ts Articles of Incorporation:	da Statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the c	corporation:
	The new
	ord "corporation," "company," or "incorporated" or the abbreviation p," "Inc," or "Co". A professional corporation name must contain the
 Enter new principal office address, if applicable Principal office address <u>MUST BE A STREET AD</u> 	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<i>0X</i>)
	ered office address in Florida, enter the name of the
new registered agent and/or the new registered	1 office address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
lew Registered Agent's Signature, if changing Re	egistered Agent
	l am familiar with and accept the obligations of the position.
	mature of New Projectored 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>	<u>Addres</u> s
1) Change		<u> </u>	
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add		· · · · · · · · · · · · · · · · · · ·	
			·····
Remove			
6) Change		-	
Add			
Remove			

AC, General Maintenace and Janitoral services	
The Control of the Co	
an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
(g voi approach, marant voi)	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	nys after amendment file date)
(no more than 90 de	ays after amendment file date)
Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	e statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The numby the shareholders was/were sufficient for approval.	mber of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through must be separately provided for each voting group entitled to vote	
"The number of votes cast for the amendment(s) was/were su	officient for approval
by	."
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors wit action was not required.	hout shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without action was not required.	shareholder action and shareholder
Dated May 29,2015	<u> </u>
Dated May 29,2015 Signature Fillert Linkits	
(By a director, president or other officer	- if directors or officers have not been
selected, by an incorporator - if in the ha	inds of a receiver, trustee, or other court
appointed fiduciary by that fiduciary)	
Gilbert Pin	nks ton ne of person signing)
(Typed or printed name	e of person signing)
President	erson signing)
(Title of p	erson signing)