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R. WHITE

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: PREMIU	M PARALEG	IAL SERVICES, INC
DOCUMENT NUMBER: P120000		
The enclosed Articles of Amendment and fee are su	abmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
KARIN	IA SERRAT	
<u></u>	Name of Contact Perso	n
PREMIUM	1 PARALEGAL	SERVICES, INC
	Firm/ Company	•
1045 LUDLA	HM DR	
	Address	
MIAMI FL	33166	
	City/ State and Zip Cod	e
SERRATKAR E-mail address: (to be u	INA OGMAL sed for future annual report	L. COM notification)
For further information concerning this matter, plea	se call:	
KARINA SERRAT	at (305	, 2009229
Name of Contact Person	. Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Dep	artment of State:
S35 Filing Fee S43.75 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	<u>S</u> treet	Address
Amendment Section	Amend	Iment Section
Division of Cornerations	Divieio	an of Cornorations

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

The state of the s

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TXEMIUM YAR		ICES, INC	SECRETARY OF USUAL SEC.
	ame of Corporation as currently	filed with the Florida Dep	Lot State) Course Bud History
71200	(Document Number of	Comparation (if Impara)	
	(Document Number of	Corporation (II known)	
Pursuant to the provisions of section its Articles of Incorporation:	607.1006, Florida Statutes, this F	lorida Profit Corporation a	dopts the following amendment(s) to
A. If amending name, enter the ne	ew name of the corporation:		
			The new
name must be distinguishable and "Corp.," "Inc.," or Co.," or the deword "chartered," "professional ass	esignation "Corp," "Inc," or "C	o". A professional corpor	
B. Enter new principal office addr (Principal office address MUST BE			
C. Enter new mailing address, if a (Mailing address MAY BE A PO			
	e new registered office address:	ss in Florida, enter the nam	ne of the
Name of New Registered Ag	gent		
	(Florida stree	et address)	
New Registered Office Addr	·	,	. Florida
New Registered Office Addi-		City)	(Zip Code)
New Registered Agent's Signature, I hereby accept the appointment as re		ith and accept the obligation	s of the position.
	Signature of New Re	gistered 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> Jo	hn Doe	
X Remove	<u>V</u> <u>M</u> :	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u></u>	KARINA SERRAT	1045 LUDLAM DR
X Add			MIAMI, FL 33161
Remove			
2) Change			<u>-</u>
Add			
Remove			
3)Change			
Add			
Remove			
4) Change		·	
Add			
Remove			
5) Change			
Add			
Remove			-
6) Change	****		
Add			
Remove			

•	f amending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific)
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	VIT
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-	
_	
ŀ	f 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) NA
	NIA
	N IA
_	N JA
-	
_	

The date of each amendment(s) adoption: $OOIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII$
Effective date if applicable: 06/01/2016
Effective date if applicable: Ob 01/2016 (no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by" (voting group)
(voting group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated Ol Dollo Signature
(By a director, president or other officer – if directors or officers have not been
selected by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
KARINA SERRAT
(Typed or printed name of person signing)
VICE PRESIDENT
(Title of person signing)