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2018 JUN 25 PM 4: 46
SECRETARY OF STATE

C. GOLDEN
JUN 2 7 2018

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: PREMIUM PARA	LEGAL SERVICES, INC			
DOCUMENT NUM	BER: P12000015124				
	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	KARINA SERRAT				
		Name of Contact Persor	1		
	PREMIUM PARALEGAL S	ERVICES, INC			
		Firm/ Company			
	1045 LUDLAM DRIVE				
		Address	-		
	MIAMI, FL 33166				
		City/ State and Zip Code	e		
SER	RATKARINA@GMAIL.CON	А			
		sed for future annual report	notification)		
	2 445.5 (15 1.5 2.1	,	,		
For further information	on concerning this matter, pleas	se call:			
KARINA SERRAT		at (at <u></u>	2009977		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made:				
	, me many mg amy em mane				
■ \$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		
	endment Section	Amendment Section Division of Corporations			
	rision of Corporations D. Box 6327		on or Corporations Building		
	lahassee, FL 32314		Executive Center Circle		

Tailahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

PREMIUM PARALEGAL SERVICES, INC

2018 JUN 25 PM 4: 46

currently filed with the Florida Dept. of STATE TALLAHASSEE. FLORIDA
umber of Corporation (if known)
tes, this Florida Profit Corporation adopts the following amendment(s) to
tion:
The new
rporation," "company," or "incorporated" or the abbreviation c," or "Co". A professional corporation name must contain the viation "P.A."
<u>lice address in Florida, enter the name of the address:</u>
lorida street address)
, Florida
(City) (Zip Code)
d Agent: Camiliar with and accept the obligations of the position.

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	<u>PT</u>	John Do	<u>e</u>		
X Remove	<u>v</u>	Mike Jones			
X Add	<u>sv</u>	Sally Sn	<u>nith</u>		
Type of Action (Check One)	<u>Title</u>		Name	Address	
1) Change		_			
Add					
Remove					
2) Change					
Add		_			
Remove					
3) Change					
Add		_			
Remove					
4) Change		_			
Add					
Remove					
5) Change		_			
Add					
Remove					
6) Change					
Add		_			
Remove					

	icles, enter change(s) here: (Be specific)
	· · · · · · · · · · · · · · · · · · ·
· · · · · · · · · · · · · · · · · · ·	
	
	<u> </u>
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(no more tha	n 90 days after amendment file date)
Note: If the date inserted in this block does not meet the ap- document's effective date on the Department of State's records	plicable 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, by the shareholders was/were sufficient for approval.	The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders must be separately provided for each voting group entitled	
"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 direct action was not required.	ors without shareholder action and shareholder
The amendment(s) was/were adopted by the incorporators action was not required. Dated Signature	
(By a director, president or other of	officer – if directors or officers have not been in the hands of a receiver, trustee, or other court ary)
KARINA SERRAT	
(Typed or prin	ted name of person signing)
PRESIDENT	
(Ti	tle of person signing)