P12000054578

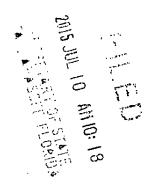
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: Pretty Suite Inc.		
DOCUMENT NUMI	BER: P12000054578		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Ivette Gil Gutierrez		
	-	Name of Contact Person	n
	Pretty Suite Inc		
		Firm/ Company	
	235 sunrise ave. suite c7		
		Address	
	Palm Beach Florida 33480		
		City/ State and Zip Code	e
ivette	gil@prettysuiteinc.com		
.	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
Ivette Gil Gutierrez		at (429-3156
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check fo	or 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		Amend Divisio Clifton	Address iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Pretty Suite Inc		
(Name of Corporation	as currently filed with the Florida Dept. of State)	
p12000054578		
(Documer	nt Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following	
A. If amending name, enter the new name of the corp	ooration:	2015 JUL W
Ivette Gil Inc.	>	ilia nav
	"corporation," "company," or "incorporated" or the abb "Inc," or "Co". A professional corporation name must co breviation "P.A." 235 sunrise ave. suite c7	reviation?
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	220 Sunrise ave. suite 102 palm beach florida 33480	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		
Name of New Registered Agent 11/a		
	(Florida street address)	
New Registered Office Address:	, Florida, [Zip Co	 ode)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I described the second	tered Agent: am familiar with and accept the obligations of the position.	
Sienati	ure of New Registered Agent, if changing	

en adainonat she	eets, if necessary). (B	e specific)		
				
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amendment pr	ovides for an exchange	, reclassification, or	cancellation of iss	ued shares,
visions for impl (if not applicable	ementing the amendmente, indicate N/A)	ent if not contained in	a the amendment	<u>itself:</u>
(J var uppromo	,			
				
			A	
		• // /	N.	
		P+		
		`		

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, thi Department of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were as by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment sufficient for approval.	ent(s)
	opproved by the shareholders through voting groups. The following state or each voting group entitled to vote separately on the amendment(s):	tement
"The number of votes cas	st for the amendment(s) was/were sufficient for approval	
by	.,	
	(voting group)	
☐ The amendment(s) was/were action was not required.	dopted by the board of directors without shareholder action and shareh	older
The amendment(s) was/were action was not required.	dopted by the incorporators without shareholder action and shareholde	г
07/09/20 Dated	15	
Signature	mate dil Gut.	
(By a selec	director, president or other officer – if directors or officers have not be ted, by an incorporator – if in the hands of a receiver, trustee, or other inted fiduciary by that fiduciary)	
	Ivette Gil Gutierrez	
	(Typed or printed name of person signing)	
	Principal/owner	
	(Title of person signing)	· · · · · · · · · · · · · · · · · · ·

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	$\underline{\mathbf{v}}$	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		n/a	
Add			
Remove		, \ \ \ .A	
2) Change			
Add			
Remove		, \\ \	
3) Change		- VA	
Add			
Remove		\	
4) Change			
Add		\ \	
Remove		1//	
5) Change		614,	
Add			
Remove			
6) Change		~ / / No	
Add			
Remove			