## P12000068307

Office Use Only



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## **COVER LETTER**

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

**Division of Corporations** RERGEUN 1992 NAME OF CORPORATION: P12000068307 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: 6 m de n avaler & swo company. US.
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment

to Articles of Incorporati

Articles of Inco	rporation
Perarun 1997	CORP.
(Name of Corporation as currently filed with the Flo	orida Dept. of State)
P120000 68	<b>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</b>
(Document Number of Corporation (if	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "P	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable;	
(Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address:  Name of New Registered Agent	ss in Florida, enter the name of the
(Florida stree	et address)
New Registered Office Address:	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.
Signature of New Registered Ag	nent, if changing
	TO DEC
Page 1 o	TED TO THE TOP OF THE PROPERTY

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.

X Change	PT John	Doe	
X Remove	V Mike	Jones	
_X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	9/4	PEREZ DE GRUNDY	1835 N.E. MIAMI GARDENS DR.
Add		SILVIA A.	#173 NMB FL, 33179
X Remove			· · · · · · · · · · · · · · · · · · ·
2) Change	5/1	PEREZ DE GRUNDY	1835 N.E. MIAMI BREDENS DR.
Add		SILVIA A.	# 173 NMB FL 33179
X_Remove	~		
3 ) Change	<u> 1)</u>	PERCEZ DE GRUNDY	1835 N.E. MIAMI BARDENS DR.
Add		SILVIA A.	# 173 NMB FL, 33179
X_ Remove		:	<del></del>
4) Change	7_	SILVIA A. PEREZ	1835 NE M'AMi Gardens Dr.
X_Add			#173 North Triani Beach
Remove			FL, 33179.
5) Change	<del></del>	-	<del> </del>
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Art	icles, enter change(s) here:
(Attach additional sheets, if necessary).	(Be specific)
	<del>\</del>
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(y not appreciote, material (m/)	
	······································

The date of each amendment(s) adoption: 12-10-12
Effective date if applicable:  (no more than 90 days after amendment file date)
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 12-10-12.
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)
(Typed or printed name of person signing)  (Title of person signing)