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COVER LETTER

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION: Perfections 101 inc	
DOCUMENT NUMBER: \$\P\30000\1055	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Keisha Williams Name of Contact Person	
Perfections 101 inc Firm/Company	
605 Cedar Park Dr. Address	
Daytona Beach, FL 32114 City/ State and Zip Code	
Persections 101 in Communication (to be used for Juture annual report notification)	
For further information concerning this matter, please call:	
Name of Contact Person at (386) 589-6103 Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Street Address Amendment Section	

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment Articles of Incorporation of

Tre-tections 101 inc	
(Name of Corporation as currently filed with the Florida D	ept. of State)
P B000071855	. =
(Document Number of Corporation (if known)	SEC SEC
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> its Articles of Incorporation:	Profit Corporation adopts the following affection
A. If amending name, enter the new name of the corporation:	
Perfections 101 inc.	OF the No.
name must be distinguishable and contain the word "corporation," "con" "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A word "chartered," "professional association," or the abbreviation "P.A."	pany," or "incorporated" or the aborevices n professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	J/A
D. If amending the registered agent and/or registered office address in Fl new registered agent and/or the new registered office address: Name of New Registered Agent	orida, enter the name of the
14/11	
(Florida street addre	(35)
New Registered Office Address: (City)	, Florida
(City)	(zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and Signature of New Registered Agent, if	

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	PT John	Doe	
X Remove	<u>V</u> <u>Mike</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u> y	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	PID	Kinta Williams	605 Cedar Park Dr.
X Add	$\sqrt{T}S$	Keisha Williams	Daytona Beach, Fl 32114
Remove		*	
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additiona	I sheets, if necessary). (Be specific)	
	NA	
	1	
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•		
If an amendme	nt provides for an exchange, reclassification, or cancellation of issued shares, implementing the amendment if not contained in the amendment itself:	
(if not app	icable, indicate N/A)	
	X1/A	
 		
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August 19 2013	if other tha
The date of each amendment(s) adoption: The date of each amendment(s) adoption:	, ii outer tha
10 0010	
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 by the shareholders was/were sufficient for approval.	r the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The must be separately provided for each voting group entitled to vote ⊥eparately on the an	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	,
(voting group)	•
action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action a action was not required.	nd shareholder
Dated 9-5-B Signature Kawha to	
(By a director, president or other officer – if directors or office selected, by an incorporator – if in the hands of a receiver, true appointed fiduciary by that fiduciary)	
Keisha Williams	
(Typed or printed name of person si	gning)
Vice President	
(Title of person signing)	
į	