

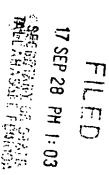
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SEP 2 9 2017

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: Pauli of Vienna	a, Inc	
DOCUMENT NUMBE	P1400007194		
The enclosed Articles of	**Amendment and fee are su	ibmitted for filing.	
Please return all correspo	andence concerning this ma	atter to the following:	
	Maria Lehmayer		
n-m1		Name of Contact Perso	n
	P14000071945		
		Firm/ Company	
	5031 N Dixie Highway		
		Address	
	Boca Raton, FL 33431		
		City/ State and Zip Cod	e
	marlene@pauliofvienna.c	com	
	E-mail address: (to be us	sed for future annual report	notification)
For further information of Marlene Lehmayer	oncerning this matter, pleas	5/1	750-777 I
Name of	Contact Person	at (at Co	de & Daytime Telephone Number
Enclosed is a check for the	ne following amount made		
S35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ameno Divisio P.O. Bo	g Address Iment Section on of Corporations ox 6327 assee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

Articles of Amendment Articles of Incorporation οf

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PEGRETARY OF CHATER TAPUAHASSEE FEBRICA

Pauli of Vienna, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P14000071945 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 in Florida, enter the name of the new registered agent and/or the new registered of fice address: Name of New Registered Agent (Florida street address) _, Florida_ New Registered Office Address: _ (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered 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 tidditional 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	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
i) Change	VP	Brigitte Schmid	1 Lexington Lane, East #C
X			Palm Beach Gardens, FL 33418
Remove			
2) Change			
Add			
Remove			
3) Change	 		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
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famending or adding additional Articular Artic	(Be specific)				
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f an amendment provides for an excl	nunga raelussifies	tion, or cancellatio	n of issued sha	res.	
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not cor	tained in the amer	idment itself:		
					
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> : Ino more than 90 days after amendment file date)	
(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 document's effective date on the Department of State's records.	will not be listed as the
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 statemen must be separately provided for each voting group entitled to vote separately on the amendment(s):	ı
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(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 / 9.21.2017	
Signature X Srigitl Pluis	
(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)	
BRIGITTE SCHMID	
Y BRIGITTE SCHMID (Typed or printed name of person signing)	
\ VP	
(Title of person signing)	·