P15000025189

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COVER LETTER '

TO: Amendment Section Division of Corporations					
NAME OF CORPORATION: The Perfect Fit Tailoring. DOCUMENT NUMBER: P 15000025189					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Beatriz Restrepo					
The Perfect Fit TAIloring.					
1610 Mendian Ave. APT 1					
Miami Beach, FL. 33139					
City/ State and Zip Code The Perfect TTY lovs & Fyayl. WM. E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Horago Bestrepo at 305, 399. 065/					
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 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 AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301					

Articles of Amendment to

	of	- · FILED	
The Parlect I	at Auston	-tanbaran a	200
(Name of Corporation as current	ly filed with the Florida Dept.	of State)	₹5}
P 150000 2518	9	STATE OF STA	ME
(Document Number	er of Corporation (if known)	TALIFAHASSEE FLOI	RIDA
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this <i>Florida Proj</i>	it Corporation adopts the following	ng amendment(s) to
A. If amending name, enter the new name of the Perfect Fit name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Cword "chartered," "professional association," or	word "corporation," "compar Corp," "Inc," or "Co". A pro	ny," or Incorporated" or the affessional corporation name must	_The new abbreviation contain the
B. Enter new principal office address, if application (Principal office address MUST BE A STREET)	able: ADDRESS)		-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)			 -
D. If amending the registered agent and/or reg new registered agent and/or the new registe		la, enter the name of the	_
Name of New Registered Agent			
	(Florida street address)	·	
New Registered Office Address:		, Florida	_
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age	Registered Agent: ant. I am familiar with and acce	ept the obligations of the position.	
Signature o	of New Registered Agent, if char	nging	

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 Do	<u>be</u>	
X Remove	<u>v</u>	Mike Jo	<u>nes</u>	
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	<u> </u>	_		
Add				
Remove				
6) Change				
Add				
<u></u>				
Remove				

	ional sheets, if necessar	ry). (Be specific)	ge(s) here:		
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		<u> </u>		<u></u>	
provisions:	ment provides for an for implementing the applicable, indicate N/A	amendment if not co	cation, or cancellation on the same on the same of the	on of issued shares, idment itself:	
provisions:	for implementing the:	amendment if not co	cation, or cancellation	on of issued shares, udment itself:	
provisions:	for implementing the:	amendment if not co	cation, or cancellation	on of issued shares, idment itself:	
provisions:	for implementing the:	amendment if not co	cation, or cancellation	on of issued shares, idment itself:	
provisions:	for implementing the:	amendment if not co	cation, or cancellation the amer	on of issued shares, adment itself:	
provisions:	for implementing the:	amendment if not co	cation, or cancellation the amer	on of issued shares, adment itself:	
provisions:	for implementing the:	amendment if not co	cation, or cancellation the amer	on of issued shares, adment itself:	

The date of each amendment(s) adoption:	_, if other than the
date this document was signed.	
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	
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 AMVST, 3, 2015	
Signature Blaty He tyw	_
(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)	
Beatriz Pest 1-e120 (Typed or printed name of person signing)	
(Typed or printed name of person signing) Owner / Jes/cent. (Title of person signing)	
Owner/Presiden.	
(Title of person signing)	