

7/22/2021

From Big Boss 1.305.907.5326 Thu Aug 5 23:55:12 2021 MDT Page 1 of 6

Division of Corporations

P15000059418

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H21000280022 3)))



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To:
Division of Corporations
Fax Number : (850)617-6380

From:
Account Name : LUCROUP & COMPANY, LLC
Account Number : I20200000141
Phone : (407)550-7556
Fax Number : (305)907-5326

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
PERFORMANCE DENT REMOVAL CORP.**

Certificate of Status	0
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AUG 9 2021

S. PRATHER

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COVER LETTER

TO: Amendment Section,
Division of Corporations

NAME OF CORPORATION: PERFORMANCE DENT REMOVAL CORP.

DOCUMENT NUMBER: P15000059418

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

HELEN DORNELLAS

Name of Contact Person

LUCROUP & COMPANY LLC

Firm/ Company

250 PALM COAST PKWY NE - STE 607 # 240

Address

PALM COAST - FL 32137

City/ State and Zip Code

HELEN@LUCROUP.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HELEN DORNELLAS at (407) 550 7556

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:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

PERFORMANCE DENT REMOVAL CORP.

(Name of Corporation as currently filed with the Florida Dept. of State)

P15000059418

(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:

The new 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 office address:

Name of New Registered Agent LUCROUP & COMPANY LLC
250 PALM COAST PKWY NESTE 607 #240
(Florida street address)

New Registered Office Address: PALM COAST, Florida 32137
(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 accept the obligations of the position.

Helen Dornellas

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

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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:

☒ Change PT John Doe
☒ Remove V Mike Jones
☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	S	PEDRO GONTIJO	930 W. MICHIGAN STREET ORLANDO, FL 32805
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	P	AMADEU PANCIERI JR	930 W. MICHIGAN STREET ORLANDO, FL 32805
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	V	REYSLAINE C R ANDRADE	930 W. MICHIGAN STREET ORLANDO, FL 32805
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	S	LEANDRO DE S SILVA ALVES	930 W. MICHIGAN STREET ORLANDO, FL 32805
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

(Attach additional sheets, if necessary). (Be specific)

(if not applicable, indicate N/A)

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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 amendments are filed)

Note: If the date inserted in a block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) **(CHECK ONE)**

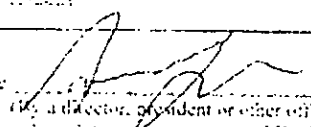
☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

☐ 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 groups)

Date: 07/15/2021
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)

AMADEU PANCIERI JR

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

OFFICE OF THE
TALLAHASSEE, FL 32310

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