P15000059418

(Requestor's Name)	
(Address)	_
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer.	
	l

Office Use Only



000413922910

08/21/23--01043--007 **43.75

COVER LETTER

FO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	RATION: PERFORMANCE	DENT REMOVAL CORP		
	BER: P15000059418			
The enclosed Article.	s of Amendment and fee are su	bmitted for filing.		
Please return all corp	espondence concerning this ma	tter to the following:		
	ANA I, FERREIRA			
	Name of Contact Person ANAS ACCOUNTING SURVICES CORPORATION			
	100 WALLACE AVE SUITI	Firm Company		
	Address			
SARASOTA, FL 34237				
City/ State and Zip Code				
	ANA@ANASACCOUNTINGSERVICES.COM			
	E-mail address: (to be us	ed for future annual report	notification)	
For further information	on concerning this matter, pleas	se call:		. 99 111
ANA I. FERREIRA		94] ar (726-4475	9988 Aug 21
Name of Contact Person		at (\frac{941}{\text{Area Code & Daytime Telephone Number}}		i
Enclosed is a check f	or the following amount made	payable to the Florida Depa	ortment of State:	
S35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	TE
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		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 οť

PERFORMANCE DENT REMOVAL CORP

(Name of Corporati	ion as currently filed with the F	lorida Dept. of State)	
P15000059418			
(Досиг	ment Number of Corporation (if k	nown)	
Pursuant to the provisions of section 607,1006, Floridits Articles of Incorporation:	a Statutes, this Florida Profit Con	rporution adopts the fo	llowing amendment(s) to
A. If amending name, enter the new name of the c	orporation:		
			The new
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp." "Inc. "Chartered," "professional association," or the abbre	" or "Co". A professional con		
B. <u>Enter new principal office address, if applicable</u> (Principal office address <u>MUST BE A STREET ADI</u>			-
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u>	<u> </u>		
D. If amending the registered agent and/or registered new registered agent and/or the new registered Name of New Registered Agent	red office address in Florida, en office address:	iter the name of the	772 772 773
			12
	(Florida street address)		
New Registered Office Address:	_	, Florida	· -
	rCny)		(Zip Code)
			ודן -

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

Check if applicable

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

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.

 $P = President; \ V = Vice President; \ T = Treasurer; \ S = Secretary; \ D = Director; \ TR = Treasure; \ C = Chairman or Clerk; \ CEO = Chief Executive Officer; \ CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD$

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	$\underline{\mathbf{V}}$	Mike_lones	
<u>X</u> Add	\underline{SV}	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	FABIO MONTEIRO PEREIRA	930 W. Michigan St
Add			Otlando, FL 32805
X Remove			
2) Change			
Add			
Remove 3.) Change			
Add			
Remove			
4) Change			
Add			
Remove			<u> </u>
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

959 EE 21 Fil To 2

	08/16/2023	
The date of each amendment(s) a date this document was signed.	doption:	, if other than the
C		
Effective date <u>it applicable</u> :	tno more than 90 days after amendment file date)	
	ono more otan vo ways after amenament fite atter	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will epartment of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without shareholder action and	shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
☐ The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. The following statement cach voting group entitled to vote separately on the amendment(s):	
"The number of votes case	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
08/16/202 Dated	Donn	
(By ne selecti	trector, president or other officer—if directors or officers have not been declared by an incorporator—if in the hands of a receiver, trustee, or other court ped fiduciary by that fiduciary)	_
	TABIO MONTEIRO PEREIRA	
	(Typed or printed name of person signing)	
	VICEPRESIDENT) } } }
	(Title of person signing)	

U321 Fil 1:21