P15000060445

(Requestor's Name)	
(Address)	900368008049
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	96/14/2101015020 ** 35.00
Certified Copies Certificates of Status	
Special leadquations to Filipp Officer	.:
Special Instructions to Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Perfect Brands Imp	orting, inc	
	BER: P15000060455		
The enclosed Articles	s of Amendment and fee are sul	bmitted for filing.	
Please return all corn	espondence concerning this ma	tter to the following:	
	Dennis Cunningham		
		Name of Contact Person	-
	Perfect Brands Importing, inc		•
		Firm/ Company	
	177 N US Highway 1 #255		
		Address	
	Tequesta, FL 33469		
		City/ State and Zip Code	
	dennia@warfastandlan	,	
	dennis@perfectvodka.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, pleas	se call;	
Dennis Cunningham		at (3080959
Name	of Contact Person		le & Daytime Telephone Number
Enclosed is a check t	for the following amount made	payable to the Florida Depa	rtment of State:
\$35 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)
An Div P.C	niling Address nendment Section vision of Corporations D. Box 6327 llahassee, FL 32314	Amendi Division The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee I. Monroe Street, Suite 810 ssee, FL 32303

Articles of Amendment to Articles of Incorporation of

traine of Corporation as C	urrently filed with the Fl	orida Dept. of Stat	<u>e</u>)		
15000060455					
(Document Nu	ımber of Corporation (if kı	nown)			
rsuant to the provisions of section 607,1006, Florida Statute Articles of Incorporation:	es, this Florida Profit Cor	poration adopts the	followin	g amei	ndmen
If amending name, enter the new name of the corporat	<u>tion:</u>				
				The	new
me must be distinguishable and contain the word "corporat nc.," or Co.," or the designation "Corp." "Inc," or "(chartered," "professional association," or the abbreviation	Ca" A professional con	orporated" or the ab poration name mus	breviatio t contail	n "Co. n the	rp.," word
Enter new principal office address, if applicable: rincipal office address <u>MUST BE A STREET ADDRESS</u>				_	_
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)				· •	
				<u>:</u>	
		·		,	_
If amending the registered agent and/or registered offi	ce address in Florida, en	ter the name of the		١٠٠	
new registered agent and/or the new registered office a	iddress:			lld.	
Name of New Registered Agent				Ω Ω	•,,-
			122	ال	
	orida street address)				
(Flo					
(Flo	(City)	, Florida_	(Zip C		_

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 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.

X_Change	<u>PT</u> <u>Joh</u>	in Doc	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	VP	Felicia Cunningham	18765 SE River Ridge Road
X Add		3,	Tequesta, FL 33469
Remove			
2) Change			
Add		;	
Remove 3) Change	u		
Add		,	
Remove			
4) Change			
Add			
Remove		•	
5) Change			
Add			
Remove			
6) Change			
Add			
		!	
Remove		1	

ttach additional sh	ing additional Arti eets, if necessary).	(Be specific)				
	- -					
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					-	
				- 		
-						
						
						
		14.6				
an amendment p	rovides for an exch dementing the ame	nange, reclassific	ation, or cancella	tion of issued sha	ires,	
(if not applicat	ble, indicate N/A)	nament ii not ce	manieu m (ne ai	ichament resen.		
.,						
•	<u>-</u>			 		
			-			
						

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	06/01/21	
The date of each amendment(s) adopt	ion: if	other than the
date this document was signed. 06/01/21		
Effective date <u>if applicable:</u>		
	(no more than 90 days ofter amendment file date)	
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirements, this date will not be ment of State's records.	pe listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted action was not required.	d by the incorporators, or board of directors without shareholder action and share	eholder
☐ The amendment(s) was/were adopted by the shareholders was/were suffici	d by the shareholders. The number of votes cast for the amendment(s) ient for approval.	
	ed by the shareholders through voting groups. The following statement the voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for	the amendment(s) was/were sufficient for approval	
bv	."	
	(voting group)	
06/01/21 Dated		
Signature		
selected, by	tor president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)	
Der	nuis Cunningham	
	(Typed or printed name of person signing)	··
It's	president	
_	(Title of person signing)	