P15000080101

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COVER LETTER

Division of Corpo			
NAME OF CORPOR	ATION: PEREIRA FASHI	ON INC.	
DOCUMENT NUMB	ER: P15000080101	<u>.</u>	
The enclosed Articles	of Amendment and fee are su	abmitted for filing.	
Please return all corres	pondence concerning this ma	itter to the following:	•
	SAMUEL PEREIRA		
	PEREIRA FASHION	Name of Contact Person	n
-		Firm/ Company	
_	11849 COLLIER BLVD		
•		Address	
-	NAPLES, FL 34116		
		City/ State and Zip Code	•
GARC	CIAZORAIMA@YAHOO.E	S	
 -	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
ZORAIMA GARCIA		at (786	9850530
Name o	f Contact Person	at (786) 9850530 Area Code & Daytime Telephone Number	
Enclosed is a check 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

Articles of Amendment to Articles of Incorporation of

PEREIR	A FAC	HION	DJC.
reneir	л газ	поч	111

(Name of Corporat	ion as currently f	iled with the Florida Dept. (of State)
P15000080101			
(Docum	ment Number of C	orporation (if known)	3 - F 1 2 2 2 2 2 2 2 2 2
Pursuant to the provisions of section 607.1006, Florid is Articles of Incorporation:	a Statutes, this Flo	orida Profit Corporation ado	pts the following amendm
A. If amending name, enter the new name of the c	orporation:		;
NA.			The ; new
name must be distinguishable and contain the word corp.," "Inc.," or Co.," or the designation "Corpword "chartered," "professional association," or the	o," "Inc," or "Co abbreviation "P.)	". A professional corporation	
 Enter new principal office address, if applicable Principal office address <u>MUST BE A STREET ADdress</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 registe new registered agent and/or the new registered		in Florida, enter the name	of the
Name of New Registered Agent			
	(Florida street	address)	
New Registered Office Address:		, F	lorida
	(Ci	אמ	(Zip Code)
New Registered Agent's Signature, if changing Responses the appointment as registered agent.		and accept the obligations o	f the position.
Sign	nature of New Regi	stered 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.

Example: X Change	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	ZORAIMA GARCIA	3041 W 76 ST APT 110
X Add			MIAMI, FL 33018
Remove			
2) Change	-		
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5)Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
·	
	· · · · · · · · · · · · · · · · · · ·
f an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:

	t(s) adoption:	, if other than the
date this document was signed	11/03/2015	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this do the Department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(ere sufficient for approval.	s)
	re approved by the shareholders through voting groups. The following statemed for each voting group entitled to vote separately on the amendment(s):	ent
	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and sharehold	er
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
11/03	/2015	
Dated	j	
Siamatura /	Spen	
Signature <u>c</u>	ly a director, president or other officer - if directors or officers have not been	
	elected, by an incorporator - if in the hands of a receiver, trustee, or other cou	rt
ar	opointed fiduciary by that fiduciary)	
	SAMUEL PEREIRA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	