Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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(((H18000252475 3)))



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Division of Corporations

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From:

Account Name

: PAGIO'S & ASSOCIATES, LLC

Account Number : 120100000043

: (305)397-8553

Fax Number

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COR AMND/RESTATE/CORRECT OR O/D RESIGN PAJEOLY CORP.

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Electronic Filing Menu

Corporate Filing Menu

C. GOLDHAIP

AUG 3 0 2018

TO: Amendment Section

COVER LETTER

Division of	Corporations					
NAME OF CORP	ORATION:	PAJEOLY CORP.				
DOCUMENT NUI	MBER: <u>P15</u>	000100838	······································			
The enclosed Art	ticles of Am	endment and fee are	submitted for	filing.		
Please return all	corresponder	nce concerning this ma	atter to the fol	owing:		
	PAOLO M	ΔΙΕΤΤΆ	• ,			
	PACEO IN	1217	Name of	Contact Person		
	PAJEOLY	CORP				
	1702021	<u> </u>	Firm	/ Company		
	710 WASH	INGTON AVE, Suite	C-2	•		
				\ddress		
	MIAMI BE	ACH, FL 33139				
	;		City/ Sta	e and Zip Code		
	JEBETA72	5@GMAIL.COM				
	;	E-mail address	s: (to be used	for future annual repo	ort notification)
For further inform	nation concer	ning this matter, pleas	se call:			
PAOLO MAIETTA	Δ	<u> </u>	at			
	Name of Co	ntact Person		Area Code	& Daytime To	elephone Number
Enclosed is a che	eck for the fol	lowing amount made	payable to the	Florida Department	of State:	
X \$35 Filing Fe		\$43.75 Filing Fee & Certificate of Status		\$43.75 Filling Fee & Certified Copy (Additional copy is enclosed)		\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	<u>Malling A</u> Amendme			Amer	t Address adment Section	מו

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

 Division of Corporations Clifton Building 2661 Executive Center Circle Tallahasseo, FL 32301





August 29, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

PAJEOLY CORP. 710: WASHINGTON AVE., STE. C-2 MIAMI BEACH, FL 33139

SUBJECT: PAJEOLY CORP.

REF: P15000100838

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

If you have any questions conderning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II FAX Aud. #: H18000252475 Letter Number: 818A00017950

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H18000 475 5

Articles of Amendment to
Articles of Incorporation of

2018 AUG 29 AM 11: 19

SLCRETARY OF STATE TALLAHASSEE, FL

AJEOLY CORP.	etion as currently filed with the Florida Dopt. of State)
(Name of Corpora	HIGH 45 CONTINUE HICH WILL INC. DAINE PARE S. SAME
15000100838	current Number of Corporation (If known))
: (Dec	Crusesk Arrupet of Chibotagori (ii known)
ursuant to the provisions of section 607.10 mendment(s) to its Articles of Incorporation	006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following n:
if amending name, enter the new name	me of the corporation;
·	The new
ame must be distinguishable and contain to Corp., " "Inc., " or Co., " or the designation "to ord "chartered," "professional essociation,	the word "corporetion," "company," or "incorporated" or the abbreviation "Corp," "Inc," or "Co". A professional corporation name must contain the " or the abbreviation "P.A."
Enter new principal office address, if	fapplicable:
rincipal office address MUST BE A ST	
r ,	
Enter new mailing address, it applica (Mailing address <u>MAY BE A POST Of</u>	FFICE BOX)
:	
<u>If amending the registered agent and</u> <u>new registered agent and/or the new</u>	d/or registered office address in Florida, enter the name of the v registered office address:
Name of New Registered Agent	PAOLO MAIETTA
·	710 WASHINGTON AVE, STE C-2
¢	(Florida street address)
New Registered Office Address:	MIAM) BEACH Florida 33139
New Hodgistor Comme / Managan	(City) (Zip Code)
lew Registered Agent's Signature, if cha	anging Registered Agent:
hereby accept the appointment as register	red agrit. I an familier with and accept the obligations of the position.
	AUA 60
· · · · · · · · · · · · · · · · · · ·	Signature of New Registered Agent, if changing

PAJEOLY CORP.

H18000252475 3

ATX 1

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 = Chalman 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.

Ex	ample	9:						
		Change	<u>PT</u>	John Doe				
	<u>x</u>	Remove	. Y .	Mike Jones		• • • • • • • • • • • • • • • • • • • •		
	<u>X</u>	Add	. <u>sv</u>	Sally Smith				
	pe of / heck (Action One)	: Title	Name			Address	
1)		Change		- · ——				
		Add		;				
		Remove						
2)		Change						
		Add						
		Remove		;				
۵۱		Change						
3)	_	Add		-	<u></u>			
	_	Remove						
				•				
4)		Change				·		
		Add ·						
	_	Remove						
5)		Change						
		Add						
		Remove	•					
E)		Chongo						
6)		Change Add	-				,	<u></u>
		Remove		1		,		

PAJEOLY CORP.	dditional Articles, enter	change(s) here:	H18000252	2475 3
(Attach additional sheets,	if n oce ssary). (Be apecifi	c)	•	
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f an amendment provid	es for an exchange, recl nting the amendment if r	essification, or cancellate	ion of issued shares.	
(If not applicable, indic	ate N/A).			
	· · · · · ·			
:	1			

DA (FOL) (COO!)	H18000252475 3
PAJEOLY CORP. The date of each amendment(s) adoption:	8/28/2018
other than the date this document was signed.	
Effective date if applicable:	8/28/2018
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block does no as the document's effective date on the Depart	t meet the applicable statutory filing requirements, this date will not be listed tment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
X The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) for approval.
	by the shareholders through voting groups. The following statement ofing group entitled to vote separately on the amendment(s):
"The number of votes cast for the	amendment(s) was/were sufficient for approval
by	.
ţ	(voting group)
The amendment(s) was/were adopted b action was not required.	by the board of directors without shareholder action and shareholder
The amendment(s) was/were adopted b action was not required.	by the incorporators without shareholder action and shareholder
Dated	, 8/28/2018 <u> </u>
Signature	tor, pesident of other officer - if directors or officers have not been
	by an incorporator – If in the hands of a receiver, trustee, or other court
	fiduciary by that fiduciary)
PAOLO	MAIETTA
	(Typed or printed name of person signing)
PRESI	
;	(Title of person sligning)