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And

R. WHITE 'APR 2 4 2018 TO APR 23 PH 1:08

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: PERFECT CAR, C	CORP	· 
DOCUMENT NUMBER: P01000053369		
The enclosed Articles of Amendment and fee are su	abmitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
CHAMI, EDOUARD		
	Name of Contact Person	1
PRESIDENT		
	Firm/ Company	
2385 W ORANGE BLOSSO	M TRAIL	
	Address	
APOPKA, FL 32712		
	City/ State and Zip Code	
sus	staxes@gmail.com	
E-mail address: (to be us	sed for future annual report	notification)
For further information concerning this matter, pleas	se call:	
CHAMI, EDOUARD	786	9754414
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	rtment of State:
\$35 Filing Fee \$\times \text{Certificate of Status}\$	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Amend Divisio	Address ment Section n of Corporations Building

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

FILED

## Articles of Amendment to Articles of Incorporation of

18 APR 23 PM 1:00 SECALIAINE DE STATE TALLAHAS SEA FLORIDA

PERFECT CAR, CORP

(Name	of Corporation as currently	filed with the Florida Dep	ot. of State)
	P16000029471		
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this I	lorida Profit Corporation t	adopts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
N/A			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "C	Co". A professional corpor	
B. Enter new principal office address,	if applicable:	4	
(Principal office address MUST BE A S	STREET ADDRESS )	N/A	
			<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	
(making undress MAT DE ATOST	OTTICE BOX		
D. If amending the registered agent ar			me of the
new registered agent and/or the ne	w registered office address:		
Name of New Registered Agent	N/A		
	(Florida stre	et address)	
New Registered Office Address;	N/A		. Florida
res regimered office hadrens.		City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regis		ith and accent the obligation	ns of the position
the say weeeps me appointment as regis.	iorea agem. Tum jammai w	im unu accept me oongano	по ој те розиноп.

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 = Treusurer; 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	<u>PT</u>	John De	<u>0e</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Si	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	<u>v</u>		CHAMI K, SALMA	2385 W ORANGE BLOSSOM TR
X Add				APOPKA, FL 32712
Remove				
2) Change				
Add				<del></del>
Remove		,		<del></del>
3 ) Change		<del></del>		***
Add				
Remove				
4) Change		_		
Add				<del> </del>
Remove				
5) Change		· 		
Add				**************************************
Remove				
6) Change				
6) Change		_		
Add				
Remove				

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
N/A	<del></del>
F. If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
<u>provisions for implementing the ame</u> (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
N/A	

TDIs distance of the latest and the	N/A
The date of each amendmen	
date this document was signed	
Effective date <u>if applicable</u> :	N/A
Energy date in applicable.	(no more than 90 days after amendment file date)
	this block does not meet the applicable statutory filing requirements, this date will not be listed and Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
☐ The amendment(s) was/we must be separately provide	re approved by the shareholders through voting groups. The following statement and 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 N/A	(voting group)
•	(voting group)
action was not required.	re adopted by the board of directors without shareholder action and shareholder re adopted by the incorporators without shareholder action and shareholder
•	
0 Dated	4/20/18
Dated	
<b>~</b>	
Signature _	by 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 court
	opointed fiduciary by that fiduciary)
	CHAMI, EDOUARD
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)