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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: PERFECT THYM!	EINC			
DOCUMENT NUMBER					
The enclosed Articles of	Amendment and fee are sub	omitted for filing.			
Please return all correspo	ndence concerning this mat	ter to the following:			
AI	JTUMN NICKELS				
	Name of Contact Person				
_	Firm/ Company				
52	14 N NEBRASKA AVENI	JE			
T/	MPA, FL 33603	Address			
	· ·	City/ State and Zip Code	2		
INFO@I	PERFECTTHYME.COM				
. 	E-mail address: (to be use	ed for future annual report	notification)		
For further information co	oncerning this matter, please	e call:			
AUTUMN NICKELS		at (de & Daytime Telephone Number		
Name of C	Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for the	ne following amount made p	ayable to the Florida Depa	ortment 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)		
Amend Divisio P.O. Bo	g Address ment Section n of Corporations ox 6327 ssec, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle assee, FL 32301		

19 OC 120 MIL. 16

Articles of Amendment to Articles of Incorporation of

13 OCT 20 MILLION

PERFECT THYME, INC.	
(Name of Corporat	ion as currently filed with the Florida Dept. of State)
P16000073927	
(Docu	nent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the c	orporation:
	The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp. word "chartered," "professional association," or the	rd "corporation," "company," or "incorporated" or the abbreviation o," "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BC</u>	<u></u>
	red office address in Florida, enter the name of the
new registered agent and/or the new registered	office address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Re	
i nereny accept the appointment as registered agent.	I am familiar with and accept the obligations of the position.

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>	John Doe	
X Remove	$\underline{\mathbf{v}}$	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	p ———	HASSAN WAEZ	5214 N NEBRASKA AVE
X Add			TAMPA, FL 33603
Remove			
2) X Change	VP	RAHAF TARRAB	5214 N NEBRASKA AVE
Add			TAMPA, FL 33603
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
HASSAN WAEZ REINSTATED AS PRESIDENT
RAHAF TARRAB REINSTATED AS VICE PRESIDENT
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

The date of each amendment(s) a date this document was signed.	idoption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this date repartment of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of votes east for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were action was not required.	lopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	lopted by the incorporators without shareholder action and shareholder	
10-21-201 Dated		
Signature 🗡 🌈	Ma	
(By a select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	
	RAHAF TARRAB	
	(Typed or printed name of person signing)	
	VICE PRESIDENT	
	(Title of person signing)	