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2020 MAR -6 AM 7: 15

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: FLORIDA PERFE	CTIONS SW CORP			
	IBER: P16000080802				
The enclosed Article	s of Amendment and fee are su	bmitted for filing.			
Please return all corr	espondence concerning this ma	atter to the following:			
	Bjoern Stillmann				
		Name of Contact Person	<u> </u>		
	FLORIDA PERFECTIONS :				
		Firm/ Company			
	4818 Coronado Pkwy Suite 9-10				
	Address				
	CAPE CORAL, FL 33904				
		City/ State and Zip Cod-	e		
	info@florida-perfection.com				
	·	sed for future annual report	notification)		
For further informati Bjoern Stillmann	on concerning this matter, plea		<u>205-5292</u>		
Name	of Contact Person	at (Area Co) 205-5292 de & Daytime Telephone Number		
Enclosed is a check t	or the following amount made				
S35 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		Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FLORIDA PERFECTIONS SW CORP

(Name of Corporation as curr	ently filed with the Flor	ida Dept. of State)
P16000080802		
(Document Numb	per of Corporation (if know	wn)
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this <i>Florida Profit Corpo</i>	ration adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	<u>1:</u>	
name must be distinguishable and contain the word "corporation "Inc.," or Co.," or the designation "Corp," "Inc," or "Co" "chartered," "professional association," or the abbreviation "I	". A professional corpo	The new porated" or the abbreviation "Corp.," ration name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		2020 100 A T
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		A -6 AH 7:15
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add Name of New Registered Agent	address in Florida, enter ress:	r the name of the
(Floria	la street address)	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent the appointment as registered agent. I am famil	gent: liar with and accept the of	bligations of the position.
Signature of No.	rw Registered Agent, if ch	anging
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.	

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)

Example:

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> 14</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) Change	VP	STILLMANN, MARIA	1709 SW 52ND ST
Add			CAPE CORAL, FL 33914
X Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			<u> </u>
Add			
Remove			
6) Change			
Add			
Remove			

	eets, if necessary).	(Be specific)				
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<u> </u>					 	
lf an amendment pr	ovides for an excha	ange, reclassificat	ion, or cancellat	ion of issued sha	ires,	
provisions for impl	ementing the amen	idment if not con-	lained in the amo	<u>endment itself:</u>		
(if not applicabl	e, maicate N/A)					
1						
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	12/3	31/2019	
The date of each amendment(s)	adoption:		, if other than the
date this document was signed.	42.42.14		
12 Effective date <u>if applicable</u> :	/31/2019		
The control of the property of the control of the c		(no more than 90 days after amendment file	2 date)
Note: If the date inserted in this locument's effective date on the l	block does not Department of S	t meet the applicable statutory filing requir State's records.	rements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHE</u>	ECK ONE)	
The amendment(s) was/were a action was not required.	dopted by the ii	ncorporators, or board of directors without s	hareholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were		hareholders. The number of votes east for toproval.	he amendment(s)
☐ The amendment(s) was/were a must be separately provided for	pproved by the or each voting g	shareholders through voting groups. The forgroup entitled to vote separately on the amen	ollowing statement ndment(s):
"The number of votes ca	st for the ameno	dment(s) was/were sufficient for approval	
by			
	(votin	ng group)	
Dated	3.4.	20	
Signature		X .	
(By a selec	ed, by an incor	dent or other officer – if directors or officers porator – if in the hands of a receiver, truste by that fiduciary)	have not been se, or other court
	Bjoern Stilln	าสทา	
	(1	'yped or printed name of person signing)	
	President	President	
	(1	"itle of person signing)	