P17000016015

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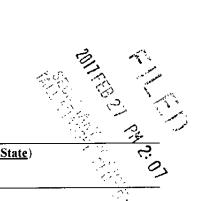
I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: FLAWLESS FA C	CORP	
DOCUMENT NUMBE	CR: P17000016015		· · · · · · · · · · · · · · · · · · ·
	Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
Y	OLY SABILLON		
_		Name of Contact Persor	1
L	A FLORIDA SERVICES L	LC	
_		Firm/ Company	
3	831 W VINE STREET STE	E 148	
		Address	
K	CISSIMMEE, FL 34741		
-	· •	City/ State and Zip Code	
1	-G:-1		
yoiy@i	afloridaservices.com	sed for future annual report	notification)
	E-man address, (to be us	seu for future annual report	nonneation)
For further information of	concerning this matter, pleas	se call:	
SOLIMAR PAGAN		at (407	548-7829
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for t	the following amount made	payable to the Florida Depa	rrtment 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		Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of



FLAWLESS FA CORP

(Name of Corpora	ation as currently filed with the Florida Dept. of State)	٠, , ,
P17000016015		
(Doc	nument Number of Corporation (if known)	2)
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	ida Statutes, this Florida Profit Corporation adopts the follow	wing amendment(s)
A. If amending name, enter the new name of the	corporation:	•
FENIX S.P. CORP		The new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or th	vord "corporation," "company," or "incorporated" or the rp," "Inc," or "Co". A professional corporation name mi he abbreviation "P.A."	abbreviation ust contain the
B. Enter new principal office address, if applicate (Principal office address MUST BE A STREET AL)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	BOX)	
D. If amending the registered agent and/or regist new registered agent and/or the new registere	tered office address in Florida, enter the name of the	
Name of New Registered Agent		
Nume of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	. Florida	
New Registered Office Address.		Lip Code)
New Registered Agent's Signature, if changing R	Registered Agent: t. I am familiar with and accept the obligations of the position	ın
тисто у честрите шрротитет из тедіметей идет	I am jamina with and accept the vollgations 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 Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				-
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add		_	, <u>, , , , , , , , , , , , , , , , , , </u>	
Add Remove				
Kemove				

Attach additional shee	g additional Ar ts, if necessary).	(Be specific)			
T STATE AND THE STATE OF THE ST					When the Plants	
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				-		
· · ·			H-1			
			-			
f an amendment prov	vides for an exc	hange, reciass	ification, or ca	ncellation of iss	ued shares.	
provisions for impler (if not applicable,	nenting the amo	endment if no	contained in t	he amendment i	tself:	
				·		. ,
·	-	····				
			,,			

The date of each amendment(s date this document was signed.) adoption:	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	<u> </u>
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	,
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
Dated	blinar Cagán	
(By sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)	
	SOLIMAR PAGAN	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of nercon signing)	