# P17000019923

| (Re                                     | equestor's Name)   |             |
|---|--------------------|-------------|
| (Ad                                     | ddress)            |             |
| (Ac                                     | ddress)            |             |
| (C                                      | ity/State/Zip/Phon | ne #)       |
| PICK-UP                                 | WAIT               | MAIL        |
| (B                                      | usiness Entity Na  | me)         |
| (Document Number)                       |                    |             |
| Certified Copies                        | Certificate        | s of Status |
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Amendicus

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# **COVER LETTER**

TO: Amendment Section
Division of Corporations

Divisions Corporations

18:1 AN 81 130 L;

TRAIDAG

| NAME OF CORPORATION: Wipe                                      | AWAY Press   | ure Corp                                       |
|--|--|--|
| DOCUMENT NUMBER: P 1 0000                                      | 1  |  |
| The enclosed Articles of Amendment and fee are s               | submitted for filing.  |  |
| Please return all correspondence concerning this n             | natter to the following:   |  |
| Adonis<br>Wipe AWAY<br>8302 NW 7                               | Pere Z<br>Name of Contact Perso                                    | n  |
| wipeAway   | Pressure Con<br>Firm/Company                                       | h <del></del>                                  |
| 8302 NW 7  | st Ap+16<br>Address  |  |
| miami Flo  | NI dA 33\ Z 4  | e<br>b   |
| Chail address: (to be  | pressure Oa<br>used for future annual report                       | Jotification)                                  |
| For further information concerning this matter, ple            | ase call:  |  |
| Adon's Perez Name of Contact Person                            | at ( <u>786</u><br>Area Co   | ) 474 – 0283<br>ode & Daytime Telephone Number |
| Enclosed is a check for the following amount made              | e payable to the Florida Dep                                       | artment of State:                              |
| □ \$35 Filing Fee  □\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | Control Copy (Additional Copy is enclosed)     |
| Mailing Address Amendment Section                              |  | Address<br>Iment Section                       |

TALL ANGESTE OF ORIGHS

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building



## FLORIDA DEPARTMENT OF STATE Division of Corporations

August 23, 2017

ADONIS PEREZ 3RD MAILING WIPE AWAY PRESSURE CORP P.O. BOX 970328 MIAMI, FL 33197

SUBJECT: WIPE AWAY PRESSURE, CORP.

Ref. Number: P17000019923

We have received your document for WIPE AWAY PRESSURE, CORP. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete/submit the form in its entirety.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Irene Albritton Regulatory Specialist II

Letter Number: 317A00006761



### FLORIDA DEPARTMENT OF STATE Division of Corporations

April 19, 2017

ADONIS PEREZ WIPE AWAY PRESSURE CORP 9302 NW 7TH ST., APT. 16 MIAMI, FL 33126

SUBJECT: WIPE AWAY PRESSURE, CORP.

Ref. Number: P17000019923

We have received your document for WIPE AWAY PRESSURE, CORP. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The form you submitted is for a Foreign Corporation, but your entity is a Florida Profit Corporation. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Irene Albritton Regulatory Specialist II

Letter Number: 917A00007576

www.sunbiz.org



### FLORIDA DEPARTMENT OF STATE Division of Corporations

April 7, 2017

ADONIS PEREZ WIPE AWAY PRESSURE CORP 9302 NW 7 ST MIAMI, FL 33126

SUBJECT: WIPE AWAY PRESSURE, CORP.

Ref. Number: P17000019923

We have received your document for WIPE AWAY PRESSURE, CORP. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete/submit the form in its entirety.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Irene Albritton Regulatory Specialist II

Letter Number: 317A00006761

### Articles of Amendment to Articles of Incorporation of

| Lilas Alla Bar  |   |
|---|---|
| (Name of Ediporation as current   | ly filed with the Florida Dept. of State)                   |
| P17000019923  |   |
| <del></del>   | of Corporation (if known)                                   |
| Pursuant to the provisions of section 607.1006. Florida Statutes, this is Articles of Incorporation:  | Florida Profit Corporation adopts the following amendment(s |
| . If amending name, enter the new name of the corporation:  | 77  |
| ame must be distinguishable and contain the word "corporation"<br>"Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or "<br>word "chartered," "professional association," or the abbreviation | "Co". A professional corporation name must contain the      |
| 3. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS )   | 8302 NW 75+ Apt 16<br>Miami Florida 33/26                   |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  | P:0.Bex 970328 MIAMI FLA 33157                              |
| D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address.   | ress in Florida, enter the name of the                      |
| Name of New Registered Agent  |   |
|   | reet address)   |
| New Registered Office Address:  | . Florida (Zip Code)  |
|   | (Zip Code)  |
| lew Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am familiar   | : with and accept the obligations of the position.          |
|   |   |
| Signature of New I  | Registered Agent, if changing                               |

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. Example: X Change PT John Doe X Remove V Mike Jones  $X \wedge dd$ <u>SV</u> Sally Smith Type of Action <u>Title</u> Address <u>Name</u> (Check One) 1) \_\_\_\_ Change Add \_\_\_\_ Remove 2) Change \_\_\_\_ Add \_\_\_\_ Remove 3 ) \_\_\_\_ Change \_\_\_\_ Add \_\_\_\_ Remove 4) \_\_\_\_ Change \_\_\_\_ Add Remove 51 \_\_\_\_ Change \_\_\_ Add Remove 6) \_\_\_\_ Change \_\_ Add Remove

Page 2 of 4

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and

| xttach <i>additional she</i> | ng additional Articles, enter change(s) here:<br>ets, if necessary). (Be specific) |                                       |
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| f an amendment pro           | ovides for an exchange, reclassification, or cancellation of issued shares,        |                                       |
| provisions for imple         | ementing the amendment if not contained in the amendment itself:                   |                                       |
| (if not applicable           | e, indicate N/A)   |                                       |
|                              |  |                                       |
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| date this document was sign                          | •  |                      |
|--|--|----------------------|
| Effective date if applicable                         | · · · · · · · · · · · · · · · · · · ·  | <u> </u>             |
|  | (no more than 90 days after amendment file date)   |                      |
|  | n this block does not meet the applicable statutory filing requirements, this date will a the Department of State's records.   | not be listed as the |
| Adoption of Amendment(s                              | ( <u>CHECK ONE</u> )   |                      |
|  | were adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.  |                      |
|  | were approved by the shareholders through voting groups. The following statement ided for each voting group entitled to vote separately on the amendment(s):   |                      |
| "The number of vot                                   | tes cast for the amendment(s) was/were sufficient for approval   | 1                    |
| by   | (voting group)   |                      |
|  | (voting group)   |                      |
| ☐ The amendment(s) was/w<br>action was not required. | vere adopted by the board of directors without shareholder action and shareholder  |                      |
| ☐ The amendment(s) was/w<br>action was not required. | vere adopted by the incorporators without shareholder action and shareholder   | ļ                    |
| Dated  | 10/16/17   | ,                    |
| e-   | 10/16/17   |                      |
|  | (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) | -                    |
|  | (Typed or printed name of person signing)  |                      |
|  | (Typed or printed name of person signing)  |                      |
|  | President  |                      |
|  | (Title of person signing)  |                      |