P17000077514

(Re	questor's Name)
(Ad	dress)
DA)	dress)
(Cit	ry/State/Zip/Phone #)
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(Bu	siness Entity Name)
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COVER LETTER

TO: Amendment Section
Division of Corporations

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NAME OF CORPO	Perfect Restoration RATION:	Corp		
DOCUMENT NUM	P17000077374 BER:			
The enclosed Articles	of Amendment and fee are sul	omitted for filing.		
Please return all corre	spondence concerning this mat	ter to the following:		
	Aramis Mercado			
		Name of Contact Person		
	Perfect Restoration Corp			
		Firm/ Company		
	9320 Fontainbleau Blvd			
		Address		
	Miami, Fl 33172			
		City/ State and Zip Code	<u> </u>	
aryn	nercado@gmail.com			
	E-mail address: (to be us	ed for future annual report	notification)	
For further information	on concerning this matter, pleas	se call:		
Aramis Mercado		305 at (989-5590	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check f	or the following amount made	payable to the Florida Depa	irtment of State:	
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ma	ailing Address	<u>St</u> reet	Address	
An	nendment Section	Amendment Section		
	Division of Corporations		Division of Corporations	
P.C	D. Box 6327	Clifton	Building	

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

Perfect Restoration Corp.	
(Name of Corporation as current	tly filed with the Florida Dept. of State)
	of Corporation (if known)
	·
Pursuant to the provisions of section 607.1006. Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
<u></u>	The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
	NO 7
	· · · · · · · · · · · · · · · · · · ·
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A SSE
(maining address Mill 1997, 19	
	<u></u>
	<u> </u>
The second secon	dures in Florida, anten the name of the
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre	ess:
N/A	_
Name of New Registered Agent	
(Florida : N/A	street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
N. D. State and A.	
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familia	nt: ir with and accept the obligations of the position.
	, , , , , ,
N/A	
Signature of New	v 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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	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	VP	Nicolas J Penzo	9320 Fontainbleau Blvd
Add			#509
x Remove			Miami, Fl 33172
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

amending or adding additional Art attach additional sheets, if necessary).	(Be specific)			
				 -
		· <u> </u>		
		 -	_	
				
	<u> </u>			· - · · -
				
				 -
		<u></u>		
If an amendment provides for an ex-	change, reclassific	ation, or cancellati	on of issued shares,	
provisions for implementing the an	rendment if not co	<u>ntained in the ame</u>	ndment itself:	
(if not applicable, indicate N/A)				
A				
4				
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The date of each amendmen	t(s) adoption:	, if other than the
date this document was signed	November 10, 2017	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in document's effective date on the	this block does not meet the applicable statutory filing requirements, this da he Department of State's records.	te will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
	re adopted by the shareholders. The number of votes cast for the amendment(sere sufficient for approval.	5)
☐ The amendment(s) was/we must be separately provide	ere approved by the shareholders through voting groups. The following statemed by the shareholders through voting group entitled to vote separately on the amendment(s):	ent
	es cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
action was not required.	ere adopted by the board of directors without shareholder action and sharehold	ег
action was not required.	ere adopted by the incorporators without shareholder action and shareholder	
Dated	Are Amis Antar	
(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 couppointed fiduciary by that fiduciary)	
	Aramis Mercado	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

. . . .