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JUL 2 0 2018 T. LEMMEUK



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

1.

NAME OF CORPOR	ATION: PARADISE SERI	VES BL CORP.		
DOCUMENT NUMB	ER: P1800033681			
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.		
Please return all corresp	pondence concerning this ma	tter to the following:		
1	DANIA RODRIGUEZ			
-		Name of Contact Persor	1	
J	PARADISE SERVISES BL COPR			
-	·	Firm/ Company		
i	585 E 49 STREET, SUITE	18		
-		Address		
	HIALEAH, FLORIDA 3301	3		
•	<del>.</del>	City/ State and Zip Code	<del></del>	
parad	iseservicesbl@gmail.com			
<u>-</u>		sed for future annual report	notification)	
For further information	concerning this matter, pleas	786	<b>868-2691</b>	
Name o	of Contact Person	at ( Area Co	) de & Daytime Telephone Number	
	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)	
Ame Divis P.O.	ndment Section sion of Corporations Box 6327 shassee, F1, 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building xecutive Center Circle assee, FL 32301	

## Articles of Amendment to Articles of Incorporation of

PARADISE SERVICES BL CQ ( )

(Name of Corporation as current	ly filed with the Florida Dept. of State)	
180EE0000819		
(Document Number o	f Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new name of the corporation:		
N/A	The new	
name must be distinguishable and contain the word "corporatio "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:	585 E 49 STREET, SUITE 18	
(Principal office address MUST BE A STREET ADDRESS)	HIALEAH, FL 33013	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	585 E 49 STREET, SUITE 18	
	HIALEAH, FL 33013	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres	ress in Florida, enter the name of the s:	
Name of New Registered Agent N/A		
(Florida st	reet address)	
New Registered Office Address:	, Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar  ———————————————————————————————————	with and accept the obligations of the position.  Registered Agent, if changing	
	<u> </u>	

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>	Name	<u>Addres</u> s
1) Change	V	DANIA RODRIGUEZ	100 NE 170 STREET
X Add			NORTH MIAMI BEACH
Remove			FLORIDA 33162
2) Change			
Add			
Remove			
3 ) Change			
Add			<del></del>
Remove			
4) Change		<u> </u>	
Add			-
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary	rticles, enter change(s) here: ). (Be specific)		
/A			
	<del></del>		
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	n <del>ul</del>		
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If an amendment provides for an ex-	change reclassification or ca	ncollation of iccued chares	
provisions for implementing the ar	<u>nendment if not contained in t</u>	he amendment itself:	
(if not applicable, indicate N/A)			

I'ne date of each amendment		, if other than the
late this document was signed	7/13/2018	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this he Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes east for the amendme ere sufficient for approval.	nt(s)
	re approved by the shareholders through voting groups. The following stated for each voting group entitled to vote separately on the amendment(s):	ement
	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	older
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
7/13/ Dated	2018	
Signature	Make	
(I s	By a director, president or other officer – if directors or officers have not be elected, by an incorporator – if in the hands of a receiver, trustee, or other oppointed fiduciary by that (iduciary)	
	MIGDALIA B LOPEZ COMPANIONI	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	· · · · · · · · · · · · · · · · · · ·