P/8000033681

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| (City/State/Zip/Phone #) |
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2019 JUN - 3 PM 4: 10 SECRETARY OF STATE TALLAHASSEE, FI

JUN 1 8 2019 C Kinsey

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: PARADISE SERVICES BL COPR P18000033681 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MIGDALIA B LOPEZ COMPANIONI Name of Contact Person PARADISE SERVICES BL COPR Firm/ Company 585 E 59 ST SUITE 18 Address HIALEAU, FLORIDA 33613 City/ State and Zip Code PARADISESERVICESBL@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305 799 7026 Area Code & Daytime Telephone Number MIGDALIA B LOPEZ Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52,50 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & \$35 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314 Street Address

Amendment Section Division of Corporations Clifton Huilding 2661 Executive Center Circle Tallahassee, FL 32301

2019 JUN - 3 PM 4:

Articles of Amendment to Articles of Incorporation of

PRADISE SERVICES BL CORP

| tion (if known) Profit Corporation adopts the following amendment(s) |
|---|
| Profit Corporation adopts the following amendment(s The new npany, " or "incorporated" or the abbreviation |
| npany," or "incorporated" or the abbreviation |
| npany," or "incorporated" or the abbreviation |
| npany," or "incorporated" or the abbreviation |
| npany," or "incorporated" or the abbreviation professional corporation name must contain the |
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| lorida, enter the name of the |
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| |
| (85) |
| , Florida (Zip Code) |
| (Zip Code) |
| |

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 = Trustec; 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 Doc | | | | | |
|-------------------------------|--------------|------------------------|-----------------------------|--|--|--|--|
| 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 | V | DANIA RODRIGUEZ | 100 NE 170 ST N MIAMI BEACH | | | | |
| Add | | | FL 33162 | | | | |
| X Remove | | | | | | | |
| 2) Change | V | ERNESTO PEREZ BEJERANO | 8011 W 6 AVE APT L | | | | |
| _ X Add | | | HIALEAH, FL 33014 | | | | |
| Remove | | | | | | | |
| 3.) Change | | | | | | | |
| Add | | | | | | | |
| Remove | | | | | | | |
| | | | | | | | |
| 4) Change | - | _ | _ | | | | |
| Add | | | | | | | |
| Remove | | | | | | | |
| 5) Change | | | | | | | |
| Add | | | | | | | |
| Remove | | | | | | | |
| | | | | | | | |
| 6) Change | | | | | | | |
| Add | | | | | | | |
| Remove | | | | | | | |

| | if necessary).— (Be spe | cific) | | | |
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| in amendment provide ovisions for implemen | s for an exchange, rec | lassification, or ca | ncellation of issued | i shares, | |
| (if not applicable, ind | licate N/A) | The Contained III | ne amendment (ta | <u>.n.</u> | |
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| The date of each amendment(s) a | doption: | , if other than the |
|---|--|-------------------------------------|
| date this document was signed. | 5 (2004)) | |
| Effective date if applicable: | 5/2019 | |
| | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this document's effective date on the D | block does not meet the applicable statutory filing requirements, epartment of State's records. | this date will not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| ■ The amendment(s) was/were ad- by the shareholders was/were st | opted by the shareholders. The number of votes east for the amend afficient for approval. | iment(s) |
| The amendment(s) was/were ap must be separately provided for | proved by the shareholders through voting groups. The following seach voting group entitled to vote separately on the amendment(s | statement s): |
| "The number of votes cast | for the amendment(s) was/were sufficient for approval | |
| by | | |
| | (voting group) | |
| action was not required. | opted by the board of directors without shareholder action and shareholder | |
| ☐ The amendment(s) was/were add action was not required. | opted by the incorporators without shareholder action and sharehol | der |
| 5/25/2019 Dated | | |
| Signature | maple / | |
| selecte | lirector, president or other officer – if directors or officers have not d, by an incorporator – if in the hands of a receiver, trustee, or othered fiduciary by that fiduciary) | been er court |
| | MIGDALIA B LOPEZ COMPANIONI | |
| | (Typed or printed name of person signing) | |
| | PRESIDENT | |
| | (Title of person signing) | |