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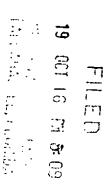
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: PARADISE SERV	TICES BL CORP	
DOCUMENT NUMB			
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
}	MIGDALIA B LOPEZ		
-		Name of Contact Person	1
-		Firm/ Company	
;	585 E 49 ST SUITE 18		
- -	WALES IN CL 22012	Address	
- -	HIALEAH, FL 33013	City/ Cont. and Tim C. d	
		City/ State and Zip Cod	¢
yaceni ———	a410@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
MIGDALIA LOPEZ		305	7997026
Name o	f Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	urtment of State:
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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amenc Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

PARADISE SERVICES BL CORP

(Name of Corporation as curr	ently filed with the Florida Dept. of State)
P18000033681	
(Document Number	er of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, t its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	_
name must be distinguishable and contain the word "corpora" ("Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," word "chartered," "professional association," or the abbreviation	or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office add	
Name of New Registered Agent	
	a street address)
New Registered Office Address:	. Florida
New Registered Agent's Signature, if changing Registered Ag I hereby accept the appointment as registered agent. I am famili	
	9
	ा । जिल्लामा अपने क्षेत्र के जिल्लामा अपने क्षेत्र के जिल्लामा अपने क्षेत्र के जिल्लामा अपने क्षेत्र के जिल्ला जिल्लामा अपने के जिल्लामा
Signature of Ne	rw Registered Agent. if changing
	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1

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)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	S	YACENIA M BRAVO LOPEZ	585 E 49 ST SUITE 18
X Add			HIALEAH FL 33013
Remove			
2) Change		_	
Add			
Remove			
3) Change			
Add			* · · · ·
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add		_	
Remove			

Mach didinional si	ling addational /:ri heets, if necessary).	(Be specific)				
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			. •			
an amendment p	provides for an exc plementing the am	hange, reclassification	<u>cation, or cancel</u>	<u>llation of issued s</u>	shares,	
(if not applica	ble, indicate N/A)	chament if not co	manica in the 2	amenument itsen	<u> </u>	
.,,	,					
				 -	_	
						

The date of each amendment(s) adoption:	, if other than
date this document was signed. A control of the con	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	date will not be listed as
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	u(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes east for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareho action was not required.	lder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 10 09 2019	
Dated 10 09 2019 Signature	
Signature (By a director, president or other officer – if directors or officers have not bee selected, by an incorporator – if in the hands of a receiver, trustee, or other ecappointed fiduciary by that fiduciary)	en ourt
Migdalia B. Lopez Co (Typed or printed name of person signing)	m panioni
	r
Prosident	

the

the

(Title of person signing)