## P180000073889

(Re	questor's Name)	
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(Cit	ty/State/Zip/Phone	<u>, #</u>
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: JUDITH CRINER	PA	
DOCUMENT NU	MBER: P18000073889		
The enclosed Articl	es of Amendment and fee are su	bmitted for filing.	
Please return all cor	respondence concerning this ma	tter to the following:	
	RAYONDA WILLIAMS		
		Name of Contact Person	п
	PERFECT CIRCLE GROP		
		Firm/ Company	
	1221 BRICKELL AVE, SUI	TE 900	
	****	Address	
	MIAMI, FL 33131		
		City/ State and Zip Cod	e
RV	V@PERFCIRCLEWW.COM		
_	E-mail address: (to be us	sed for future annual report	notification)
For further informat	ion concerning this matter, pleas	se call:	
RAYONDA WILL	IAMS	at (	995-8255
Nam	e of Contact Person		de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
■ \$35 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

Street Address
Amendment Section Division of Corporations Clifton Building

## Articles of Amendment to Articles of Incorporation of

JUDITH CRINER PA			
(Name of Corporation	as currently filed with the Flor	ida Dept. of State)	
P18000073889			
(Document	t Number of Corporation (if kno	wn)	
Pursuant to the provisions of section 607.1006, Florida St its Articles of Incorporation:	atutes, this Florida Profit Corpo	pration adopts the following amendment	(s) to
A. If amending name, enter the new name of the corpo	oration:		
		The new	
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association." or the abl	"Inc," or "Co". A professiona		
B. Enter new principal office address, if applicable:			
(Principal office address <u>MUST BE A STREET ADDRE</u>	<u>(255</u> )	<b>5</b>	
		70 70	η
			_
C. Enter new mailing address, if applicable:			7
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )		<u> </u>	?
		<u></u>	
		5. 6	
D. If amending the registered agent and/or registered new registered agent and/or the new registered off		r the name of the	
Name of New Registered Agent		<del> </del>	
	(Florida street address)		
New Registered Office Address:		Elosido	
New Aegistered Office Address.	(City)	, Florida (Zip Code)	
New Registered Agent's Signature, if changing Register			
I hereby accept the appointment as registered agent. I at	m Jamiliar with and accept the o	bligations of the position.	

Signature of New 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.

X Change	<u>PT</u> <u>Joh</u> i	n Doe	
X Remove	<u>V</u> <u>Mik</u>	<u>te Jones</u>	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<u>S</u>	CYNTHIA ANDRADE	2385 NW EXECUTIVE CTR DR
Add			SUITE 100
X Remove			BOCA RATON, FL 33431
2) Change	s	RAYONDA WILLIAMS	1221 BRICKELL AVE
X Add			SUITE 900
Remove			MIAMI, FL 33131
3 ) Change			<del></del>
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	<del></del>		
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)	
f an amendment provides for an exch	ange, reclassification, or cancellation of issued sl	hares
provisions for implementing the amen	ndment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
(y not applicable, indicale N/A)		
(y not applicable, indicale N/A)		
(y not applicable, indicale N/A)		
(y not applicable, indicale N/A)		
(y not applicable, indicale N/A)		

The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block doe document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not be listed as the of State's records.
Adoption of Amendment(s)	HECK ONE)
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient for	e shareholders. The number of votes cast for the amendment(s) approval.
☐ The amendment(s) was/were approved by must be separately provided for each vot	he shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
"The number of votes cast for the ar	endment(s) was/were sufficient for approval
by	,"
(	oting group)
■ The amendment(s) was/were adopted by t action was not required.	e board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by t action was not required.	e incorporators without shareholder action and shareholder
04/17/2019	
Dated	ic Cirinale
selectéd, by an i	sident or other officer – if directors or officers have not been corporator – if in the hands of a receiver, trustee, or other court by by that fiduciary)
CYNTH	A ANDRADE
	(Typed or printed name of person signing)
SECRET	ARY
	(Title of person signing)