P180000039439

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: MARIA ISABEL	BOUFFIER & ANTOINE	FLIPO DE SPA PA
DOCUMENT NUMBI	ER:P18000089439		
The enclosed Articles o	f Amendment and fee are su	ibmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
F	RAYONDA WILLIAMS		
		Name of Contact Person	n
F	PERFECT CIRCLE GROP		
_		Firm/ Company	
i	221 BRICKELL AVE, SUI	TE 900	
		Address	
V.	ИІАМІ, FL 33131		
		City/ State and Zip Code	e
RW@F	PERFCIRCLEWW.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
RAYONDA WILLIAM	1S	at (305	995-8255
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for t	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

MARIA ISABEL BOUFFIER & ANTOINE FLIPO DE SPA PA

(Name of Corporation as currently filed with the Florida Dept. of State) P18000089439 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the followits Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the	The new
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the followits Articles of Incorporation: A. If amending name, enter the new name of the corporation:	The new
A. If amending name, enter the new name of the corporation:	The new
	The new
name must be distinguishable and contain the word "consecution" "name " or "iscome to I" or de	The new
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name m word "chartered," "professional association," or the abbreviation "P.A."	e abbreviation ist contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
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 address in Florida, enter the name of the new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address: , Florida	
	tip 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 positio Signature of New Registered Agent, if changing	n.

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)

Remove

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 Y Mike Jones \underline{X} Add <u>sv</u> Sally Smith Type of Action <u>Title</u> Name <u>Address</u> (Check One) CYNTHIA ANDRADE 5550 GLADES ROAD 1) ____ Change SUITE 200 ____ Add BOCA RATON, FL 33431 Remove RAYONDA WILLIAMS 1221 BRICKELL AVE 2) ____ Change SUITE 900 _ Add MIAMI, FL 33131 __ Remove 3) ____ Change Add Remove 4) ____ Change $_$ Add Remove 5) ____ Change Add _ Remove 6) ____ Change _ Add

Attach additional sheets, if necessary).	(Be specific)	
		_
f an amendment provides for an exchi-	nange, reclassification, or cancellation of issued shares, indment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	nament if not contained in the amendment itself.	

	adoption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendmen sufficient for approval.	t(s)
☐ The amendment(s) was/were a must be separately provided j	approved by the shareholders through voting groups. The following states for each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes ca	ist for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were a action was not required.	idopted by the board of directors without shareholder action and sharehol	der
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
04/17/20 Dated	·19	
Signature	reiku andan 22	
selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other cointed fiduciary by that fiduciary)	urt
	CYNTHIA ANDRADE	
	(Typed or printed name of person signing)	
	SECRETARY	
	(Title of person signing)	