P18000098718

(i	Requestor's Name)	
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	City/State/Zip/Phone #)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: Profair Corp			
DOCUMENT NUM	P18000098718			
The enclosed Article	es of Amendment and fee are su	ibmitted for filing.		
Please return all corr	respondence concerning this ma	tter to the following:		
	Alex Renaldo			
		Name of Contact Perso	on	
	Profair Corp			
		Firm/ Company		
	20801 Biscayne Blvd Suite 4	03		
		Address		-
	Aventura, FL 33180			(
		City/ State and Zip Co	de	
ales	keyrenaldo@gmail.com			
	E-mail address: (to be u	sed for future annual repor	t notification)	
For further informati	ion concerning this matter, pleas	se call;		
Alex Renaldo		305 at (775-0163	
Name	e of Contact Person	Area C	ode & Daytime Telephone Number	
Enclosed is a check	for the following amount made	payable to the Florida Dep	partment of State:	
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	ailing Address		t Address	
Amendment Section		Amendment Section		
Division of Corporations P.O. Box 6327			on of Corporations n Building	
Tallahassee, FL 32314			Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

to

Profair Corp			
(Name of Corporation as	currently filed with the	Florida Dept. of State)	
P18000098718			
(Document N	umber of Corporation (i	f known)	
Pursuant to the provisions of section 607,1006, Florida Statuits Articles of Incorporation:	ites, this <i>Florida Profit</i> (Corporation adopts the fo	llowing amendment(s
A. If amending name, enter the new name of the corpora	<u>ıt on:</u>		
			The new
name must be distinguishable and contain the word "co "Corp.," "Inc.," or Co.," or the designation "Corp," "In word "chartered," "professional association," or the abbre	ic," or "Co". A profes		the abbreviation
B. Enter new principal office address, if applicable:			
(Principal office address <u>MUST BE A STREET ADDRESS</u>	<u>S</u>)		
			7
			<u> </u>
C. Enter new mailing address, if applicable:			-:
(Mailing address MAY BE A POST OFFICE BOX)			= ',
· · · · · · · · · · · · · · · · · · ·			;
			. U
 If amending the registered agent and/or registered off new registered agent and/or the new registered office 		enter the name of the	
Name of New Registered Agent			
	lorida street address)		
New Registered Office Address:		, Florida	
New Registered Office Address.	(City)		(Zip Code)
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am f		the phligations of the nos	ritian
т негелу ассері іне арранинені аз гедімегей адені. Тату	amita win ina accept	the obligations of the pos	(H177).
Signatura	of New Registered Agen	t 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 of 'cer'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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: <u>X</u> Change	<u>PT</u>	John Doe	
X Remove	<u>Y</u>	Mike Jones	
$X ext{Add}$	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	VP	lgor Zitser	20801 Biscayne Blvd Suite 403
X Add			Aventura, FL 33180
Remove			
2) Change			
Add			
Remove			
3) Change			· 1
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	<u> </u>		
Add			
Remove			
6) Change		-	
Add			
Remove			

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
	
	
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	<u> </u>
	•
If an amendment provides for an exchange, reclassification, or cancell provisions for implementing the amendment if not contained in the a (if not applicable, indicate N/A)	lation of issued shares, mendment itself:
	-

The date of each amendment(s) add	ption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date vartment of State's records.	vill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.	
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for	or the amendment(s) was/were sufficient for approval	
by	<u> </u>	
<u> </u>	(voting group)	
The amendment(s) was/were adoptaction was not required.	ted by the board of directors without shareholder action and shareholder	 . डे.
action was not required.	ted by the incorporators without shareholder action and shareholder	
Dated	1/10/2019	<i>3</i> 2
Signature	1/10/2019 Alcual b	
(By a dir selected	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduc ary)	
,	dex Renaldo	
-	(Typed or printed name of person signing)	
ŗ	resident	
_	(Title of person signing)	