## P19000 057 045

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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: CAROLINA PER	EZ SERVICE INC			
DOCUMENT NUMB	ER: P19000057045				
	of Amendment and fee are so				
Please return all corres	pondence concerning this ma	itter to the following:			
	ELSETORREALBA				
	<del></del>	Name of Contact Person	1		
NELPISERVICES INC					
		Firm/ Company			
	2393 S CONGRESS AVE STE 223				
		Address	11-11-11-11-11-11-11-11-11-11-11-11-11-		
	PALM SPRINGS, FL 33406	r			
		City/ State and Zip Cod	e		
ELSI6	gNELPISERVICES.NET				
		sed for future annual report	notification)		
For further information	reconcerning this matter, plea	se call:			
ELSI TORREALBA		561 ar (	6323042		
Name c	d Contact Person	at (561 ) 6323042  Area Code & Daytime Telephone Num			
Enclosed is a check for	the following amount made	payable to the Florida Depa	ortment of State		
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status		Certificate of Status		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

of

CAROL	INA	PERFZ	SERV	ICE	NO

(Name of Corporation as current) P19000057045	ly filed with the Florida Dept. of State)
	FC
(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	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 "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or ' word "chartered," "professional association," or the abbreviation '	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 <u>MAY BE A POST OFFICE BOX</u> )	<u> </u>
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida st	vet address)
New Registered Office Address:	
syew registered office address.	, Florida(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	

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.

Evample: <u>X</u> 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)	Title	Name	<u>Addres</u> s
1) Change	Р	LUIS FERNANDEZ	1401 WHARF LANE
Add			GREENACRES, FL 33463
X Remove			
2) Change	Р	CARÓLINA PEREZ	1401 WHARF LANE
X Add			GREENACRES, FL 33463
Remove			<u> </u>
3 ) Change			
Add			
Remove			
4) Change			<del>-</del>
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	
4		
f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,	
provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:	
(i) not applicance, indicate was		
·		

	07/31/2019	
	doption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	<del></del>
<b>Note:</b> If the date inserted in this I document's effective date on the Do	block does not meet the applicable statutory filing requirements, this date will epartment of State's records.	Il not be fisted as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes east for the amendment(s) afficient for approval.	
☐ The amendment(s) was/were approved the separately provided for	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
,	(voting group)	
☐ The amendment(s) was/were add 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 shareholder	
10/31/2019		
Dated		
· //		
Signature	tirector, president or other officer – if directors or officers have not been	
selecte	d, by an incorporator – if in the hands of a receiver, trustee, or other court	
	ted fiduciary by that fiduciary)	
	CAROLINA PEREZ	
	(Typed or printed name of person signing)	<del></del>
	PRESIDENT	
	(Title of person signing)	<del></del>