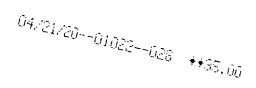
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TILED

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	JUST A PERFE	ECT PET RESORT AND S	PA INCORPORATED		
DOCUMENT NUMBER:	P2000001.1337				
The enclosed Articles of Amenda	nent and fee are su	bmitted for filing.			
Please return all correspondence of	concerning this ma	tter to the following:			
	J(DHN P. MAAS, ESQ.			
	<u> </u>	Name of Contact Persor	<u> </u>		
		JOHN P. MAAS, P.A.			
		Firm/ Company			
		44 N.E. 16 ST.			
	Address HOMESTEAD, FL 33030				
	City/ State and Zip Code				
	;	mirtamorales29@yahoo.co	וח		
E-mai		sed for future annual report			
For further information concerning			217 7122		
Name of Contact Person		at (at (de & Daytime Telephone Number		
Enclosed is a check for the follow	ring amount made	payable to the Florida Depa	irtment of State:		
	.75 Filing Fee & ifficate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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		Amend Divisio The Ce	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

JUST A PERFECT PET RESORT AND SPA INCORPORATED

(Name of Corporation as currently filed with the Florida Dept. of State)	
P20000014337	
(Document Number of Corporation (if known)	<u> </u>
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following am its Articles of Incorporation:	endment(s) to
A. If amending name, enter the new name of the corporation:	
The	e new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "C "Inc.," or Co" or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the "chartered," "professional association," or the abbreviation "P.A."	orp. "
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 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:	
7 0 200	,
	- T
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	
	III .
- 1975年 - 19	
Signature of New Registered Agent, if changing	

Check if applicable

☐ The amendment(s) is/are being tiled pursuant to s. 607.0120 (11) (e), F.S.

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 Doc			
X Remove	<u>v</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s	
1) X Change	PSD	MIRT	'A MORALES, TRUSTEE	13605 S.W. 149 AVE. #10	
Add				MIAMI, FL 33196	
Remove				<u> </u>	
2) Change					
Add					
Remove 3) Remove					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add				-	
Remove					

	ets, if necessary).	icles, enter change((Be specific)			
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fun amandmaar	ovides for an excl	hange, reclassificati	ion, or cancellation (of issued shares	
i an amenument Df	ementing the ame	endment if not cont	ained in the amendr	nent itself:	
provisions for impl					
<u>provisions for impl</u>	le, indicate N/4)				
provisions for impl (if not applicable	le, indicate N/A)				
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The date of each amendment(s) adoption date this document was signed.	n:	, 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 block ded document's effective date on the Departme	pes not meet the applicable statutory filing requirements, ent of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by action was not required.	y the incorporators, or board of directors without sharehold	ler action and shareholder
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient	y the shareholders. The number of votes east for the amend t for approval.	dment(s)
☐ The amendment(s) was/were approved I must be separately provided for each v	by the shareholders through voting groups. The following of one of the amendments of the group entitled to vote separately on the amendments.	statement .):
"The number of votes cast for the	amendment(s) was/were sufficient for approval	
by	<u></u>	
	(voting group)	
selected, by ar	president or other officer – if directors or officers have not incorporator – if in the hands of a receiver, trustee, or oth iciary by that fiduciary)	
	MIRTA MORALES	
	(Typed or printed name of person signing)	
	PRESIDENT / DIRECTOR	
	(Title of person signing)	