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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: PERFECT SLIDING DOORS INC DOCUMENT NUMBER: P21000033271 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: GIGI MOLCHO Name of Contact Person ORB CPA PA Firm/ Company 1000 S STATE RD 7 Address PLANTATION FL , 33317 City/ State and Zip Code IGAL3596@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: YIGAAL YAAQOV BEN AME _at (786) 479-7032 Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & ☐\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

PERFECT SLIDING DOORS INC

FILED

TERTECT SLIDING DOORS INC		7 1 tan Law (L.)
(Name	of Corporation as currently filed with	the Ebrida Dent of State)
21000033271		**** 202147A7 - 6" PH (: 14
21000033271		Openso.
	(Document Number of Corporation	ALLAHASSEF, FI
Pursuant to the provisions of section 607 ts Articles of Incorporation:	.1006, Florida Statutes, this <i>Florida Prof</i>	at Corporation adopts the following amendment(s)
A. If amending name, enter the new n	ame of the corporation:	
		The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,	Corp." "Inc." or "Co". A professiona	"incorporated" or the abbreviation "Corp.," al corporation name must contain the word
3. Enter new principal office address,	if applicable:	
Principal office address <u>MUST BE A S</u>	TREET ADDRESS)	
S 10		
C. Enter new mailing address, if appl (Mailing address MAY BE A POST	icable: OFFICE POS	
(374111)g 4441 C.S. (1777 111. 24 1 (75)	OFFICE BOX	
	·	
) If amending the registered agent or	nd/or registered office address in Florid	
new registered agent and/or the new	w registered office address:	ia, enter the name of the
	· · · · · · · · · · · · · · · · · · ·	
Name of New Registered Agent	YIGAAL YAAQOV BEN AMI	
	(Florida street address)	
	(t tortaa street adaress)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
ew Registered Agent's Signature, if c	hanging Registered Agents	
hereby accept the appointment as regist	ered agent. I am familiar with and accep	of the obligations of the position
. , , , , , , , , , , , , , , , , , , ,	er en agem - 1 am jamatar wan ana deeep	n the omigations of the position,
		1
		· ·>
	Signature of New Registered Age.	nt, if changing
heck if applicable		
• •	uranant to a 607 0130 (11) () C.C.	
The amendment(s) is/are being filed p	arsuant 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 <math>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> <u>Jol</u>	m Dog	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	lly Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) X Change	P	YIGAAL YAAQOV BEN AMI	6366 LONGBOAT LN W
Add		-	UNIT G105
Remove			BOCA RATON, FL 33433
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding addi	tional Articles, enter ch	iange(s) here:		
(Attach additional sheets, if n	ecessary). — (ве specific	')		
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. If an amendment provides t	or an exchange, reclass	ification, or cancella	tion of issued shares,	
provisions for implementing	<u>g the amendment if not</u>	t contained in the ar	nendment itself:	
(if not applicable, indica	tte N/A)			
<u> </u>				
				* ****
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The date of each amendment(s) ad late this document was signed.	option:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after ame	
	(no more than 90 days after ame	endment file date)
Note: If the date inserted in this blocument's effective date on the Dep	ock does not meet the applicable statutory fi artment of State's records.	iling requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopaction was not required.	sted by the incorporators, or board of director	s without shareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	sted by the shareholders. The number of vote ficient for approval.	es cast for the amendment(s)
☐ The amendment(s) was/were appromust be separately provided for e	oved by the shareholders through voting grou ach voting group entitled to vote separately of	ups. The following statement on the amendment(s):
	or the amendment(s) was/were sufficient for	approval
by		
	(voting group)	
04/28/2021 Dated		
Signature		
(By a dir selected	ector, president or other officer – if directors by an incorporator – if in the hands of a reco d fiduciary by that fiduciary)	or officers have not been giver, trustee, or other court
,	IGAAL YAAQOV BEN AMI	
-	(Typed or printed name of person s	signing)
i	RESIDENT	

(Title of person signing)