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A. RAMSEY SEP 29 2022

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: INMACULATE OBSESSION (LIANING IN
DOCUMENT NUMBER: PRITOPP 534.33
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
PERRE BAGUIDA Name of Contact Person
INMACULATE OBSESSION
4215 LAKE MAKU BIVD # 1057
LAKE MARY, FL 32746 City/ State and Zip Code
IniMACULATEOBSESSION 4070 Gimail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
PERLE BAGUIDI at (407) 933 - 2934 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & Certificate of Status (Additional copy is enclosed) \$35 Filing Fee & S43.75 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 Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

· FILED

IMMACULATE DESESSION CLEANING IND HIM	29 PH 12 21.
(Name of Corporation as currently filed with the Florida Dept. of State)	1114
<u> </u>	<u> </u>
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the followits Articles of Incorporation:	ring amendment(s
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 abbrevia "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must cont "chartered," "professional association," or the abbreviation "P.A."	
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 Name of New Registered Agent	
(Florido street address)	
New Registered Office Address:, Florida	
(City) (Zi	p 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 position	ı.
Signature of New Registered Agent, if changing	
Signature by the regime to regime by changing	
Check if applicable ☐ The amendment(s) is/are being filed 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)

٠.

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	\underline{V}	Mike Jones			
X Add	<u>SV</u>	Sally Smith			
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s		
1) Change					
Add					
Remove					
2) Change					
Add					
Remove 3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change		_			
Add					
Remove					

(Attach additional sheets, if necessary).	(Be specific)
	
. If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
NA	
•	
<u> </u>	
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The date of each amendment(s) a date this document was signed.	doption:	LINE_1), RORA	, if other than the
Effective date <u>if applicable</u> :				
	(no m	ore than 90 days	after amendment file d	date)
Note: If the date inserted in this bedocument's effective date on the De			statutory filing require	ments, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK (</u>	<u>ONE</u>)		
The amendment(s) was/were add action was not required.	opted by the incorpe	orators, or board	of directors without sh	areholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su			ber of votes east for the	e amendment(s)
☐ The amendment(s) was/were app must be separately provided for				
"The number of votes cast	for the amendment	s) was/were suf	licient for approval	
by	(voting gro	uni	··	
	(roning gro			
Dated	<u> (4/13/2)</u>	2		
Signature	40770		0,5 1	
selecte	•	or – if in the hand	f directors or officers h ls of a receiver, trustee	
	RERCE (Typed	OPGU or printed name	of person signing)	
	(Title of	DENT person signing)		