P21000084613

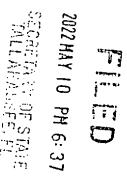
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A. BUTLER
JUN 1 2 2022

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Pura Vida Cleaning Services Inc.				
DOCUMENT NUMBER: P21000084613	J			
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following	:			
Ron Gayor Name of Contact Pura Vida Cl- Firm/ Compa 7755 SW 3 Address Miaivi FL	Person Caning Services Inc. any 32nd Street			
City/ State and Z Pongizzonue Yan E-mail address: (to be used for future annual	ip Code			
For further information concerning this matter, please call:				
	86) 308 - 9476 rea Code & Daytime Telephone Number			
inclosed is a check for the following amount made payable to the Florid	la Department of State:			
\$35 Filing Fee S43.75 Filing Fee & S43.75 Filing F Certificate of Status Certified Copy (Additional copy enclosed)	Certificate of Status			
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 Fallahassee, FL 32303			

Articles of Amendment

to

Articles of Incorporation

of

FILED.

Pura Vida Cleaning	Services information
	filed with the Florida Dept. of State) 77 6: 37
P2100008461	13 SURFIAMY OF STATE
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
NA	The new
name must be distinguishable and contain the word "corporation," "co". Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable:	NIA
(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 new registered agent and/or the new registered office address:	
Name of New Registered Agent \\ \int \if	A
(Florida stree	et address)
New Registered Office Address:	, Florida
AC .	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	ith and accept the obligations of the position.
Signature of New Reg	gistered Agent, if changing
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e	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>	<u>John Do</u>	<u>be</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>SV</u>	Sally Si	ni <u>th</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	VP) 	Ariana Duffis Andres	7755 SW 32nd St
Add				Miami, FL 33155
Remove				
2) Change		_		
Add				***
Remove Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (If not applicable, indicate NA)	If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)		
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(if not applicable, indicate N/A)	f an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
, /	(if not applicable, indicate N/A)	
N/A	, 1	
	N/A	
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	doption:	, if other than the
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendmer	
	(no more than 90 days after amendmer	nt file date)
Note: If the date inserted in this document's effective date on the D	plock does not meet the applicable statutory filing repartment of State's records.	equirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adaction was not required.	opted by the incorporators, or board of directors with	out shareholder action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast afficient for approval.	for the amendment(s)
	proved by the shareholders through voting groups. To each voting group entitled to vote separately on the	
"The number of votes cas	for the amendment(s) was/were sufficient for approv	val
by		<u></u>
	(voting group)	_
Signature (By a c selecte	irector, president or other officer – if directors or officed by an incorporator – if in the hands of a receiver, the ted fiduciary by that fiduciary)	
	Ron Gayon (Typed or printed name of person signing	<u>ā</u>)
	(Title of person signing)	