

P96000028820

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

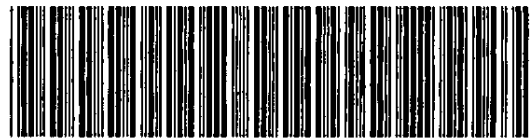
(Document Number)

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FILED
13 APR 25 AM 6:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 26 2013
T. ROBERTS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 11, 2013

JOSEPH CARR
PERSOPOLIS ENTERPRISES, INC
P O BOX 934543
MARGATE, FL 33093

SUBJECT: PERSPOLIS ENTERPRISE, INC.
Ref. Number: P96000028820

We have received your document for PERSPOLIS ENTERPRISE, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is #P97000077633 - WESTWOOD MANAGEMENT OF FLORIDA, INC..

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina Roberts
Regulatory Specialist II

Letter Number: 513A00000909

RECEIVED
JAN 25 AM 11:57
TINA ROBERTS
REGULATORY SPECIALIST II
FIDELITY & SWEENEY

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Persopolis Enterprises, Inc

DOCUMENT NUMBER: P96000028820

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joseph Carr
Name of Contact Person
Persopolis Enterprises, Inc
Firm/ Company
P.O. BOX 934543
Address
Margate, FL 33093
City/ State and Zip Code
samplemobil2003@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

joseph carr at (954) 971-9423
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 ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☒ \$52.50 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

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

C. 954 691-5973

Articles of Amendment
to
Articles of Incorporation
of

Persopolis Enterprise, Inc

(Name of Corporation as currently filed with the Florida Dept. of State)

P96000028820

(Document Number of Corporation (if known))

FILED

13 APR 25 AM 6:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

westview enterprises, inc

The new

name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

the same

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

the same

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 N/A

(Florida street address)

New Registered Office Address: N/A, Florida
(City) (Zip 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.

N/A

Signature of New Registered Agent, if changing

The date of each amendment(s) adoption: 4/22/2013

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

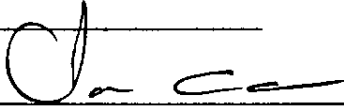
"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____."
(voting group)

- ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

- ☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 4/22/2013

Signature 
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Joseph Carr
(Typed or printed name of person signing)

DP
(Title of person signing)