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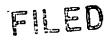
COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: Perisian Deluxe Cleaners, Inc. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Colin Richard Roberts Name of Contact Person Firm! Company 8751 SW 131 St. Address Miami, FL 33176 City/ State and Zip Code jeremyakoss@aol.com E mail address: (to be used for future annual report notification) For further information concerning this matter, please cell. at (305) 790-7090 Area Code & Daytime Telephone Number Colin Richard Roberts Name of Contact Person Employed is a clock for the fullenting amount code payable to the Clorida Department of States \$35 Filing Fee □\$43.75 Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Fallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



Perisian Deluxe Cleaners, Inc.	2018 NOV 30 PM 3: 58
(Name of Corporation as	name anthy filed with the Clavida Dant of State)
V16777	SECRETARY OF STATE SECRETARY OF STATE TALL AHASSEE, FL
(Document)	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	intes, this Floride Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpor	ration:
Parisian Deluxe Cleaners, Inc.	The new
	orporation," "company," or "incorporated" or the abbreviation no.," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BLA STRITE ADDRESS)	<u> </u>
C. Enter new mailing address, if applicable: (Vluiling address MAY BE A POST OFFICE BOX)	
D. If amending the registered speciences of and to registered o	
new registered agent and/or the new registered offic	
Name of New Registered Agent	
	l'Iorida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	

Signature of New Registered Agent, if changing

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>b.t.</u>	John Do	<u>10</u>			
X Remove	<u>V</u>	Mike Jo	ones			
_X Add	<u>sv</u>	Sally Sn	nith			
Type of Action (Check One)	<u>Title</u>		<u>Name</u>			<u>Addres</u> s
1) Change		_				
Add						
Remove						
2) Change						
Add						
Remove						
3) Change						
Add						
Remove						
4)						
4) Change						
Add Remove						
Remove						
5) Change						
Add						
Remove						
6) Change						
Add						
Remove						

f amending or adding additional Ar Attach additional sheets, if necessary)) (Be specific)				
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* ************************************		<u></u> _			
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- "			-		
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f an amendment provides for an ex	change reclassifica	tion or cancellat	tion of issued sha	res.	
provisions for implementing the an	mendment if not con	tained in the am	endment itself:		
(if not applicable, indicate N/A)					
555 <u>. </u>					
			<u> </u>		
		<u></u>			
		<u></u>			

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the document's effective date on the Department of State's records.	nis date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment by the shareholders was/were sufficient for approval.	nent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following standard 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 share action was not required.	holder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and sharehold action was not required.	ег
11/27/18 Dated	
Signature S	
(By a director, president or other officer – if directors or officers have not selected, by an incorporator – if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)	
Colin Richard Roberts	
(Typed or printed name of person signing)	
President	
(Title of person signing)	