## P01000114873

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	RATION: CARY'S CLEANI	NG SERVICES, INC.		
DOCUMENT NUM	BER: P01000114873			
	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this mat	tter to the following:		
	NELLY C CASTILLO			
		Name of Contact Person	<u> </u>	
	CARY'S CLEANING SERV	ICES, INC.		
		Firm/ Company		
	P.O BOX 2622			
		Address		
	NAPLES FL 34106			
		City/ State and Zip Code	2	
CGP	SSERVICES@AOL.COM			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	on concerning this matter, pleas	e call:		
Nelly	C. CASTIllo	at ( 239	825-8701	
Name	of Contact Person	Area Coo	de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made p	payable to the Florida Depa	rtment 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)	
Ma	iling Address	Street	Address	

Amendment Section

Division of Corporations Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

## Articles of Amendment Articles of Incorporation



CARY'S CLEANING SERVICES, INC.	
(Name of Corporation	on as currently filed with the Florida Dept. of State)
P01000114873	
(Docum	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the con	rporation:
	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp. word "chartered," "professional association," or the c	l "corporation," "company," or "incorporated" or the abbreviation ""Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADD	<u>RESS</u> )
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u> </u>
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	Florida
Hew Hegisteren Office Hairess.	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Regi	
I hereby accept the appointment as registered agent.	l am familiar with and accept the obligations of the position.
	1, .
PA PA	14
Signo	tture 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>PT</u>	John D	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally S	mith_	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	VP		DELMER A CASTILLO	4250 17TH AVE SW
X Add				NAPLES FL 34116
Remove				
2) Change				
Add				
Remove				
3 ) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add		_ <del>-</del>		
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
PLEASE ADD (DELMER CASTILLO) VP	
THANK YOU	
	<del>_</del> _
F. 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)	

•	05/18/2018	
	adoption:	, if other than the
date this document was signed.	/18/2018	
Effective date <u>if applicable</u> :		
<del></del>	(no more than 90 days after amendment	file date)
Note: If the date inserted in this document's effective date on the l	block does not meet the applicable statutory filing rec Department of State's records.	quirements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast fo sufficient for approval.	or the amendment(s)
	oproved by the shareholders through voting groups. The or each voting group entitled to vote separately on the a	
	st for the amendment(s) was/were sufficient for approval	I
by	(voting group)	
	(voting group)	
action was not required.	dopted by the board of directors without shareholder act	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action a	and shareholder
05/18/2 <mark>0</mark> Dated	••	
Signature		
	director, president or other officer - if directors or offic	
	ted, by an incorporator – if in the hands of a receiver, truested followings by that followings.)	istee, or other court
арро	inted fiduciary by that fiduciary)	
	NELLY C CASTILLO	
	(Typed or printed name of person signing)	<del> </del>
	PRESIDENT	
	(Title of person signing)	