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### COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: SANDRA JANITORIAL INC DOCUMENT NUMBER: P12000019781 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ALEJANDRO KABA Name of Contact Person KABA CONSULTING INC Firm/ Company 1655 E HWY 50 SUITE 203 Address CLERMONT, FL 34711 City/ State and Zip Code maria@kabaconsulting.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call; ALEJANDRO KABA Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$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 enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## FILED

Articles of Amendment to Articles of Incorporation of

# 13 JUN 19 PH 2:51

SEGRETARY OF STATES

### SANDRA JANITORIAL INC

(Name of Corporation as	s currently filed with the Flo	rida Dept. of State)		•
P12000019781				
(Docume)	nt Number of Corporation (if l	known)	•	•
Pursuant to the provisions of section 607. its Articles of Incorporation:	.1006, Florida Statutes, this Fa	<i>lorida Profit Corporation</i> ado	pts the following	g amendment(s) to
A. If amending name, enter the new na	ame of the corporation:			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp." "Inc," or "C	o". A professional corporati	ated" or the ai ion name must o	- bbreviation
B. Enter new principal office address, (Principal office address MUST BE A S	if applicable:	N/A		
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)	<u>icable:</u> OFFICE BOX)	N/A		
D. <u>If amending the registered agent an</u> new registered agent and/or the new		ss in Florida, enter the name	of the	
Name of New Registered Agent	N/A			
	(Florida stree	t address)		
New Registered Office Address:	N/A (City)	Florida	(Zip Code)	
New Registered Agent's Signature, if c				
I hereby accept the appointment as regist	tered agent. I am familiar wi	th and accept the obligations	of the position.	
Si	gnature of New Registered Ag	ent, 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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	V	<b>GUSTAVO BRITO</b>	44 S PARK AVE APT 104
Add			WINTER GADEN, FL 34787
X Remove			
2) Change	V	MARIA NIETO	617 FOSTER AVE
X			WINTER GARDEN, FL 34787
Remove			-
3)Change			
Add			
Remove			<del></del>
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
0 0			
6) Change	-		
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)
N//A
IN//A
·
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)
N/A

The date of each amendment(s)	adoption: 61413
•	/A
in applicable.	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
☐ The amendment(s) was/were and by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes can	st for the amendment(s) was/were sufficient for approval
by	(voting group)
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder
Dated 6/14/	13
Signature 6	
(Ву а	director, president or other officer - if directors or officers have not been
	ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	SANDRA BRITO
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)