P13000064163

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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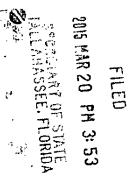
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2/23/15

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	MIION.		NG COMPANY INC	
DOCUMENT NUM	BER: P1300006416	3		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	JARDEL S ARAU	JJO		
	Name of Contact Person			
		Film/Common		
Firm/ Company 945 SPRING CIRCLE # 208				
Address				
	DEERFIELD BEA	ACH, FL 33441		
		City/ State and Zip Cod	e	
JE	JRYARAUJO@H			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information concerning this matter, please call:				
JARDEL		at (561	, 674-7199	
Name (of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made [payable to the Florida Depa	urtment 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			Address	
Amendment Section Division of Corporations		Amendment Section Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle		
1 anana350, FL 32314			ssee, FL 32301	

Articles of Amendment Articles of Incorporation

BENJAMIN'S HOUSE CLEANING COMPANY INC

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

P13000064163

(Document Number of Corporation (if known)

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

. If amending name, enter the new name of t BENJAMIN SERVICE INC	<u></u>		The
me must be distinguishable and contain the Corp.," "Inc.," or Co.," or the designation "(ord "chartered," "professional association," o	Corp," "Inc," or "Co". A profess		
Enter new principal office address, if application in the incipal office address MUST BE A STREET			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u></u>		
If amending the registered agent and/or regnew registered agent and/or the new register		enter the nam	e of the
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:	(City)	, Florida_	(Zip Code)
w Registered Agent's Signature, if changing ereby accept the appointment as registered age		he obligations	of the position.
Cimmetern	of New Registered Agent, if changin		

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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add		<u> </u>	
Remove			, <u></u>

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)	
 		<u> </u>
——————————————————————————————————————		
f an amendment provides for an exch	ange, reclassification, or cancellation of issued sha	ıres,
provisions for implementing the amen (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:	
`		
`		

The date of each amendment(s) adoption: US/ 15/2015 date this document was signed.	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> : (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)	
(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_03/15/2015	
Signature (By a director, president or other officer – if directors or officer have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
JARDEL S ARAUJO	
(Typed or printed name of person signing)	_
PRESIDENT	
(Title of person signing)	