## P14 0000084025

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: MAIDELINS CLE	ANING SERVICE CORP			
DOCUMENT NUMB	ER: P14000084025	<u>-</u>			
	of Amendment and fee are su	bmitted for filing.			
Please return all corresp	pondence concerning this ma	tter to the following:			
;	MAIDELIN GARCIA ORTE	GA			
-	- · - · - ·	Name of Contact Person			
1	MAIDELINS CLEANING SERVICE CORP				
-		Firm/ Company			
•	9927 LEAHY RD				
-		Address			
	JAKSONVILLE, FL. 32246				
-		City/ State and Zip Code			
,	gomaidelin@yahoo.es				
<u>-</u>		sed for future annual report	notification)		
For further information  MAIDELIN GARCIA	concerning this matter, pleas	se call:at (	563-0979		
Name of Contact Person		at ( Area Coo	le & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 hassee, FL 32314	Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810		

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

MAIDELINS CLEANING SERVICE CORP		•	17 7 1 3:	1 1
(Name of Corporati	on as currently filed	with the Florida Dep	t. of State)	
P14000084025				
(Docum	nent Number of Corpo	oration (if known)		
Pursuant to the provisions of section 607,1006, Floridatis Articles of Incorporation:	i Statutes, this <i>Florida</i>	u Profit Corporation a	dopts the following a	amendment(s)
A. If amending name, enter the new name of the co	orporation:			
			7	The new
name must be distinguishable and contain the word "co "Inc" or Co" or the designation "Corp," "Inc, "chartered," "professional association," or the abbre	" or "Co". A profe		or the abbreviation	"Corp., "
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADL				
C. Enter new mailing address, if applicable:				
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u>X</u> )		<del></del>	
		<del></del>		
D. If the state of		Elected and a share a		
D. If amending the registered agent and/or register new registered agent and/or the new registered	office address:	riorida, enter the na	me of the	
Name of New Registered Agent				
<del></del>	(Florida street add	(race)		
	Timaa sreet aaa	(53.7)		
New Registered Office Address:	(City)		_, Florida	de)
	(Cii))		nap con	ис,
New Registered Agent's Signature, if changing Reg	istered Agent:			
I hereby accept the appointment as registered agent.		d accept the obligation	ns of the position.	
e:	aturn of Mous Dominton	red Agent, if changing	-	
Signo	nure of ivew Register	ea Agent, ij changing		

Check if applicable

<sup>☐</sup> The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Si	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	VP		GEORGE GUEVARA GARCIA	9927 LEAHY RD
X Add		_		JACKSONVILLE, FL. 32246
Remove				
2) Change		_		
Add				
Remove 3) Change	<del></del>	<del></del>		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

	heets, if necessary).	(Be specific)				
			<del></del>			
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	4				<u></u>	
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an amendment porovisions for imp	provides for an exc plementing the am	:hange, reclassi endment if not	fication, or cand	cellation of issue	ed shares. self:	
(if not applicat	ble, indicate N/A)					
		<del></del>		· · ·		

• • •	NOVEMBER 18, 2020	
The date of each amendment	s) adoption:	, if other than the
date this document was signed.	COVERABLE 18 2020	
Effective date if applicable:	NOVEMBER 18, 2020	
	(no more than 90 days a	fter amendment file date)
	is block does not meet the applicable state. Department of State's records.	tutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of	directors without shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/we	adopted by the shareholders. The numbe e sufficient for approval.	r of votes cast for the amendment(s)
	approved by the shareholders through vol for each voting group entitled to vote sep	
"The number of votes	east for the amendment(s) was/were suffic	ient for approval
bv MAIDELIN GAR	CIA ORTEGA	<i>;</i> •
	(voting group)	
11/18/2 Dated Signature	0	
<b>)</b> 01	a prector, president or other officer – if decked, by an incorporator – if in the hands ointed fiduciary by that fiduciary)	
	MAIDELIN GARCIA ORTEGA	
	(Typed or printed name of	person signing)
	PRESIDENT	
	(Title of person signing)	