| (Requestor's Name) | | | | | | |
|--|--|--|--|--|--|--|
| | | | | | | |
| (Address) | | | | | | |
| | | | | | | |
| (Address) | | | | | | |
| (City/State/Zip/Phone #) | | | | | | |
| PICK-UP WAIT MAIL | | | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies Certificates of Status | | | | | | |
| | | | | | | |
| Special Instructions to Filing Officer: <u>Latecfah Young</u> GAVE | | | | | | |
| AUTHORIZATION BY PHONE TO | | | | | | |
| CORRECT ALD Address for bykself | | | | | | |
| DATE 9-15 | | | | | | |
| DOC. EXAM T. Cannon | | | | | | |
| ··· | | | | | | |
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Office Use Only



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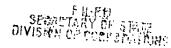
TO: Amendment Section

Division of Corporations NAME OF CORPORATION: Fainymonds Cleaning I The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: tabiola For further information concerning this matter, please call: Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Plorida Department of State: 5 Filing Fee □\$43.75 Filing Fee & **4**3.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) th150~ **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

Articles of Amendment to



Articles of Incorporation

| of . | 15 SEP -2 AM 9: 22 |
|---|---|
| tanymaids Cleaning | Inc. |
| (Name of Corporation as currently fi | led with the Florida Dept. of State) |
| P15000066001 | |
| (Document Number of Co | orporation (if known) |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flo</i> its Articles of Incorporation: | prida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corporation: | |
| Name 15 the | Same . The man |
| name must be distinguishable and contain the word "corporation," | "company," or "incorporated" or the abbreviation |
| "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co word "chartered," "professional association," or the abbreviation "P.z | |
| B. Enter new principal office address, if applicable: | Address is the |
| (Principal office address MUST BE A STREET ADDRESS) | |
| | <u>same</u> |
| | |
| C. Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | Mailing address is |
| | the some |
| | 1102 301102 |
| | |
| D. If amending the registered agent and/or registered office address | s in Florida, enter the name of the |
| new registered agent and/or the new registered office address: | THE TRUTH CHARLE OF THE |
| Name of New Registered Agent Pegis | tered Agent the Same |
| n labore | tered Agent the Same 5 Same as Principal |
| (Florida street | address) |
| . 11. | |
| New Registered Office Address: | Y , Florida N (Zip Code) |
| (C) | (2) |
| | |
| New Registered Agent's Signature, if changing Registered Agent: | |
| I hereby accept the appointment as registered agent. I am familiar with | n and accept the obligations of the position. |
| | |
| Alla | |
| Signature of New Reg. | istered 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.

| | Mike Jones, V as Remov Example: | e, and Sa | lly Smith, SV as an | | | | |
|---|----------------------------------|----------------------------------|---------------------|-------------|-------------|-------------|-----------------------|
| | X Change | <u>PT</u> | John Doe | * | There | n. h | and Laterfan young. |
| | X Remove | $\underline{\mathbf{V}}^{\cdot}$ | Mike Jones | | Inc. | ure 10 | MO LIESTON TO THE MAN |
| | X Add | <u>sv</u> | Sally Smith | * | Fabiola | Marc | and Latertain quiry |
| | Type of Action (Check One) | <u>Title</u> | <u>Name</u> | | | | Address |
| * | 1) Change | P | Lat | eefi | ah you | ng | 65 Decatur Street |
| | Add | | ` X | 1 | shuffer y | lu-7 | Roosevelt, NY 11575) |
| | | | | | Sign | | |
| | 2) Change | | . | | | · · · · · · | |
| | Kdd | | | | | | |
| | Remove | | | | | | |
| | 3) Change | | - | · · · | | | |
| | | | | | | | |
| | Remove | | | | • | | |
| | 4) Change | | - | | | | |
| | Add | | | | | | |
| | Remove | | | | | | |
| | 5) Change | | | | | | |
| | Add | | | · | | | |
| | Remove | | | | | | |
| | 7 | • | | | | | |
| | 6) Change | | | | | | |
| | Add | | • | | | | |
| | Remove | | | | | | <u></u> |

| E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) |
|--|
| Prease Add Latertan young As President |
| Of Fairymoids Cleaning Inc. |
| Laterfan and Feibiola are partners and |
| Owner Of Fernimonals Cleaning inc. |
| 50 There are two Presidents |
| As described below. |
| President : Ferovola Marc |
| 9028 N.E. 2nd Aue Suite Ag |
| Miami Shores, Flonda 33138 |
| President : Laterein Young |
| 9428 NE. 2nd Aue Suite A9 |
| Migmi Shores, Florida 33138 |
| If you shall need any assistance |
| with this correction Please feel free to |
| Contest me at 151-235-0617 (Cell prine). |
| NO articles will be adoled just needed to clang change Request. |
| 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) |
| |
| |
| —————————————————————————————————————— |
| |
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| |
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| |

| The date of each amendment(s) adoption: | 8 | 14 | 15 | | , | _, if other than the |
|---|-------------|---------|----------------|--|---|----------------------|
| date this document was signed. | a | ١, , | ا 11 مـــ | -00 1 | | |
| Effective date <u>if applicable</u> : | 8 | 12 | 13 | effective lays after amendmen | - immediatel | <u>y.</u> |
| | (no | more i | nan 90 c | iays ajier amenamei | u jue aaie) | O |
| Note: If the date inserted in this block does r document's effective date on the Department of | | | | le statutory filing re | equirements, this date will | not be listed as the |
| Adoption of Amendment(s) (CE | <u>IECK</u> | ONE) |) | | | |
| The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a | | | s. The n | umber of votes east t | for the amendment(s) | a |
| ☐ The amendment(s) was/were approved by th must be separately provided for each voting | | | | | | NISAN O |
| "The number of votes cast for the ame | ndmen | t(s) wa | as/were s | sufficient for approve | al | ~ 分 |
| by | | | | | `` | A SECTION |
| (vo | ting gr | oup) | | | | 9. |
| ☐ The amendment(s) was/were adopted by the action was not required. | board | of dire | ectors wi | thout shareholder ac | ction and shareholder | : 22 |
| ☐ The amendment(s) was/were adopted by the action was not required. | incorp | orator | rs withou | t shareholder action | and shareholder | |
| Dated 8 14 115 Signature | do | | | 2 | | _ |
| | orpora | tor – i | f in the h | - if directors or offi ands of a receiver, to | icers have not been rustee, or other court | |
| · v | TC | d or pr | inted na | Marame of person signing | 3) | |
| | | YE | Sd Title of | ent person signing) | | |