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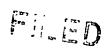
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: NORMA FRESH	CLEANING SERVICES IN	∛C	
DOCUMENT NUMB	D1/00001503/			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	NORMA GARCIA			
•		Name of Contact Persor	1	
	NORMA FRESH CLEANIN	G SERVICE INC		
		Firm/ Company		
	2181 CORONET ST	· ······ Dompany		
•	• ***	Address		
	FT MYERS, FLORIDA 3390	07		
•		City/ State and Zip Code	2	
FREE	DOMTAX1040@YAHOO.C	ЮМ		
	~	sed for future annual report	notification)	
	2	· · · · · · · · · · · · · · · · · · ·	,	
For further information	concerning this matter, pleas	se call:		
OLGA RAMOS		239 at (455-6011	
Name of Contact Person			de & 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	□\$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 Amendment Section Division of Corporations P.O. Box 6327		Amend Divisio Clifton	Address ment Section on of Corporations Building	
Tallahassee, FL 32314		2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



NORMA FRESH CLEANING SERVICES INC		2019 MAR 25 PM 5: 07
(Name of Corporation	on as currently filed with the Florid	a Debt. bi State)
P16000017226		PALE TO SEPTE
(Docum	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corpora	tion adopts the following amendment(s) t
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 d	" "Inc," or "Co". A professional c	
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADD</u>	<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		he name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		. Florida
new negative out symbol study con.	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regit hereby accept the appointment as registered agent.		antinum of the manielan
i neveny accept the appointment as registered agent. 1	сат затинат wun апа ассері іне орц	gations of the position.
Signa	nture of New Registered Agent, if char	nging

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>	Name	<u>Addres</u> s
1) Change	D	ROSALBA CORTES LORENZO	2188 BARRY DRIVE
X Add			FORT MYERS, FL 33907
Remove			
2) Change Add	ND	Juan D. Mantinez	1401 Tangerine ST Dmmokalee, C/34/1/2.
Remove			
3) Change			
Add			
Remove			
4) Change			·
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			-
Add			
Remove			

ttach additional sheets, if necessary).	(Be specific)
	···
an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
(y not applicable; marcale (mi)	
· 	
· · · · · · · · · · · · · · · · · · ·	

03/16/2019 The date of each amendment(s) adoption:	other than the
date this document was signed.	other than the
03/16/2019 Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	oe listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
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.	
03/16/2019 Dated	
Signature Moraco	
(By a director, president or other officer – if directors or officers have not been	
selected, by an incorporator - if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
NORMA GARCIA	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	