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COVER LETTER

TO: Amendment Section

Division of Corpo	rations		
NAME OF CORPOR	ATION: LM&	RP Cleaning	Services Inc.
DOCUMENT NUMB	er: <u>17000</u>) 30756.	
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.	
Please return all corres	pondence concerning this ma	atter to the following:	
	^	Name of Contact Person	<u> 1</u>
	97736 Bo	Firm/ Company BUCU RUM Address Cu Rutom F City/ State and Zip Code	Cho Dr unit A.
	E-mail address: (to be the	sed for future annual report	notification)
For further information	concerning this matter, plea	se call:	
Mikenlin	e lyns	at (QSY	336 - 8483 . de & Daytime Telephone Number
Name o	f Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment 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)
Ame Divis P.O.	ing Address indment Section sion of Corporations Box 6327 hassee, FL 32314	Amendi Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation

LMARP Cleaning S	ervices Inc.
(Name of Corporation as currently	filed with the Florida Dept. of State)
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this F_0 its Articles of Incorporation:	Torida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	N A
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	" "company," or "incorporated" or the abbreviation or. A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	MIL
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	FILED REP 20 AM 11: 31 ALLEANASSEE ELONO
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	0/A
(Florida stree	et address)
New Registered Office Address:(C	Florida
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent.—I am familiar wit	
Signature of New Reg	gistered 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.

X Change	PT John I	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) <u> </u>	P	Mikerline Lyns	<u>20036 Bocu Rando</u>
Add			Dr unit A
Remove			BOCU Ration F133428
2) Change	VP	Renel Pierre	52236 Boca Ranchio
Add			De unit t
Remove			Boca Ration F1 33428
3) Change			
Add			<u> </u>
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	. 1
	MA
	· · · · · · · · · · · · · · · · · · ·
-	
f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(ij not applicable, malcale WA)	Ι.Λ
	<u> </u>

	1 4	
The date of each amendment(s) ac	loption:	if other than the
date this document was signed.	Oliver	
Effective date if applicable:	9/18/17.	
	(no more than 90 days after amendmen	n file date)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing repartment of State's records.	equirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes east fficient for approval.	or the amendment(s)
	roved by the shareholders through voting groups. The each voting group entitled to vote separately on the each voting group entitled to vote separately on the each voting group entitled to vote separately on the each voting group entitled to vote separately on the each voting group entitled to vote separately on the each voting groups.	
"The number of votes cast	for the amendment(s) was/were sufficient for approva	al
by	(voting group)	"
/	(voting group)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder ac	tion and shareholder
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action	and shareholder
(Dated	4/18/17	
Signature	Michie yes	
(By a diselected	rector, president or other officer—If directors or officell, by an incorporator—if in the hands of a receiver, treed fiduciary by that fiduciary)	
	Mikeline Lyns	
	(Typed or printed name of person signing)
	President	
	(Title of person signing)	

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: NEXT AUTO SA	LES INC	
	BER: P17000071727		
	of Amendment and fee are su	ibmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	MARSHALL L. SANDERS		
		Name of Contact Persor	1
	NEXT AUTO SALES INC		
	·	Firm/ Company	
	6999-02 MERRILL ROAD		
		Address	
	JACKSONVILLE, FLORID	A 32277	
		City/ State and Zip Cod	2
MAI	RKSAND220@YAHOO.COM	1	
	E-mail address: (to be us	sed for future annual report	notification)
For further informatic	on concerning this matter, pleas	se call:	
MARSHALL L. SA	NDERS	904	651-4799
Name	of Contact Person	at (Area Co)
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment 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)
Ma	iling Address	Street	Address
Am	endment Section	Amend	lment Section
	ision of Corporations		on of Corporations
). Box 6327		Building
1 a l	lahassee FL 32314	2661 E	vecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

to

NEXT AUTO SALES INC

(Name of Corporation as curren	tly filed with the Florida Dept. of State)		
P17000071727	to the with the Figure 12 pt. of course,		
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006. Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s)		
A. If amending name, enter the new name of the corporation:			
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the		
B. Enter new principal office address, if applicable:	1508 N UNIVERSITY BLVD		
(Principal office address MUST BE A STREET ADDRESS)	JACKSONVILLE, FLORIDA 32211		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1508 N UNIVERSITY BLVD		
	JACKSONVILLE, FLORIDA 32211		
	SSE SSE		
D. If amending the registered agent and/or registered office address registered agent and/or the new registered office address			
	32		
Name of New Registered Agent	<u>~</u>		
	treet address)		
New Registered Office Address:	, Florida		
	(City) (Zip Code)		
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar			
Signature of New	Registered 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.

Example: X Change	PT	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	PSD	MARSHALL SANDERS	105 LEVY RD
Add Remove			ATLANTIC BEACH, FL 32233
2) Change	PS	MARSHALL L. SANDERS	1508 N UNIVERSITY BLVD
X Add			JACKSONVILLE, FL 32211
Remove			
3) Change			
Add			****
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			-
Remove			

Attach additional sheets, if necessary	y). (Be specific)	
		
· · · ·		
		
		······
<u>an amendment provides for an e</u>	xchange, reclassification, or cancellation of issued shares.	
provisions for implementing the a	mendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	

•	09/16/2017	
The date of each amendment(s)	adoption:	_, if other than the
date this document was signed.		
	0/16/2017	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	tho more than 50 days after amenament file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date will r Department of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ac 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 cas	st for the amendment(s) was/were sufficient for approval	
bv		
-	(voting group)	
action was not required.	dopted by the board of directors without shareholder action and shareholder dopted by the incorporators without shareholder action and shareholder	
	17	
09/16/20 Dated		_
select	tire or 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	
арро	inted fiduciary by that fiduciary)	
	MARSHALL L. SANDERS	
	(Typed or printed name of person signing)	
	PRESIDENT, SECRETARY	
	(Title of person signing)	