

P20000052247

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

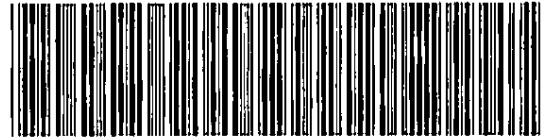
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2021 OCT 15 PM 7:04  
SECRETARY OF STATE  
TALLAHASSEE, FL 32310



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 17, 2021

GINSON CADET  
501 MARY EVANS DR  
IMMOKALEE, FL 34142 US

SUBJECT: CLEANING DELUX , INC  
Ref. Number: P20000052247

We have received your document and check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a LLC, but your entity is a CORPORATION. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Jasmine N Horne  
Regulatory Specialist II

Letter Number: 821A00022570

2021 OCT -1 PM 3:36

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Cleaning Delux, Inc

DOCUMENT NUMBER: P20000052247

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ginso Cadet  
Name of Contact Person

\_\_\_\_\_  
Firm/ Company

Sulmary Evans Dr. Immokalee, FL  
Address

Immokalee, FL, 34142  
City/ State and Zip Code

spotlessCadet@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ginso Cadet at (239) 231-6839  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

2021 OCT 15 PM 7:05

Cleaning Deluxe, Inc

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

SECRETARY OF STATE

P20000052247

(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:

A. If amending name, enter the new name of the corporation:

Spotless Cadet Inc

The new 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.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

(Florida street address)

New Registered Office Address:

(City)

Florida

(Zip Code)

N/A

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

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)

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:

Change                    PT        John Doe

Remove                    V        Mike Jones

Add                        SV        Sally Smith

| <u>Type of Action</u><br>(Check One) | <u>Title</u> | <u>Name</u> | <u>Address</u> |
|--------------------------------------|--------------|-------------|----------------|
| 1) <input type="checkbox"/> Change   | _____        | _____       | _____          |
| <input type="checkbox"/> Add         |              |             | _____          |
| <input type="checkbox"/> Remove      |              |             | _____          |
| 2) <input type="checkbox"/> Change   | _____        | _____       | _____          |
| <input type="checkbox"/> Add         |              |             | _____          |
| <input type="checkbox"/> Remove      |              |             | _____          |
| 3) <input type="checkbox"/> Change   | _____        | _____       | _____          |
| <input type="checkbox"/> Add         |              |             | _____          |
| <input type="checkbox"/> Remove      |              |             | _____          |
| 4) <input type="checkbox"/> Change   | _____        | _____       | _____          |
| <input type="checkbox"/> Add         |              |             | _____          |
| <input type="checkbox"/> Remove      |              |             | _____          |
| 5) <input type="checkbox"/> Change   | _____        | _____       | _____          |
| <input type="checkbox"/> Add         |              |             | _____          |
| <input type="checkbox"/> Remove      |              |             | _____          |
| 6) <input type="checkbox"/> Change   | _____        | _____       | _____          |
| <input type="checkbox"/> Add         |              |             | _____          |
| <input type="checkbox"/> Remove      |              |             | _____          |

*NSA*

**E. If amending or adding additional Articles, enter change(s) here:**  
*(Attach additional sheets, if necessary). (Be specific)*

N/A

**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)*

N/A

