

P08000097549

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

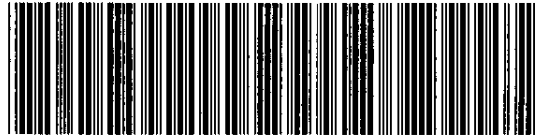
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

called NUREA Mustafa 4/28
She returned call +
confirmed it is her signature
KRC 4/28

Office Use Only



300149071143

04/09/09--01010--001 **35.00

FILED

09 APR 27 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AMEND-NC
206
4/29



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 13, 2009

NURKA MUSTAFA
7270 NW 66TH ST.
MIAMI, FL 33166

SUBJECT: FLYING SUPPLIES, INC
Ref. Number: P08000097549

We have received your document for FLYING SUPPLIES, INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging.

The officer signature and the person listed by the signature line appear to be a different person. Only one signature is required.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 009A00012352

RECEIVED
2009 APR 27 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Flying Supplies Inc
(Name of Corporation)

DOCUMENT NUMBER: PO8000097549

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nurka Mustafa
(Name of Contact Person)

7270 NW 66TH Street
(Firm/Company)

Miami, FL 33166
(Address)
(City/State and Zip Code)

For further information concerning this matter, please call:

Nurka Mustafa at (786) 7184113
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

Flying Supplies, Inc.

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

P08000097549

(Document Number of Corporation (if known))

FILED
09 APR 27 AM 10:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Clean Makeover, Corp

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)

7270 NW 66TH St

Miami, FL 33166

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same as principal
address

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:

Murka Mustafa

New Registered Office Address:

7270 NW 66TH St

(Florida street address)

Miami

(City)

Florida

(Zip Code)

33166

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.

Murka Mustafa

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
P	Nuurka Mustafa	9270 NW 66 th St Miami, FL 33166	☒ Add ☐ Remove
P	Karla Urea	1815 W 56 Street #209 Hialeah, FL 33012	☐ Add ☒ Remove
			☐ Add ☐ Remove

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

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)

The date of each amendment(s) adoption: 4/16/2009

Effective date if applicable: 4/16/2009

(no more than 90 days after amendment file date)

Adoption of Amendment(s)

(CHECK ONE)

☒ 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):*

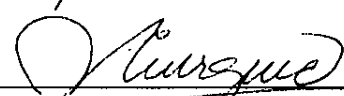
"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____."
(voting group)

☐ 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.

Dated 4/16/2009

Signature 

(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)

Nurka Mustafa

(Typed or printed name of person signing)

President

(Title of person signing)