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And SEP 18 2017

## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: KELLY JANI	TORIAL SYSTEMS INC	
DOCUMENT NUMBER: P97000078879		
The enclosed Articles of Amendment and fee an	re submitted for filing.	
  Please return all correspondence concerning this	s matter to the following:	
JAMES GONZALEZ		
AT PLUS CORP	Name of Contact Person	
	Firm/ Company	
3650 NW 82ND AVE \$	UTTE 404	
DORAL, FL 33166	Address	
	City/ State and Zip Code	
ATPLUS@LIVE.COM		
E-mail address: (to)	be used for future annual report r	notification)
For further information concerning this matter,		
JAMES GONZALEZ	at (	4063800
Name of Contact Person	Area Cod	le & Daytime Telephone Number
Enclosed is a check for the following amount m	 ade payable to the Florida Depar 	rtment of State;
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of Stan		☐852,50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314	Divisior Clitton 2661 Ex	Address nent Section of Corporations Building centive Center Circle

### Articles of Amendment to Articles of Incorporation of

# FILED 17 SEP 15 PM12: 55

SECRETALLY OF SIERE BELLAHASERE FERRIDA

### KELLY JANITORIAL SYSTEMS INC.

Missi Maria Commission Commission	
(Name of C	Carporation as currently filed with the Florida Dept. of State)
P97000078879	
	(C)
	(Document Number of Corporation (if known)
Pursuant to the provisions of section 607,100 its Articles of Incorporation:	Plorida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to
A. If amending name, enter the new name	of the corporation:
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association	The new the word "corporation," "company," or "incorporated" or the abbreviation on "Corp," "Inc," or "Co". A professional corporation name must contain the professional corporation name must contain the professional corporation "P.A."
B. Enter new principal office address, if a	 pplicable:
(Principal office address <u>MUST BE A STR</u> .	
C. Enter new mailing address, if applical (Mailing address MAY BE A POST OF)  D. If amending the registered agent and/onew registered agent and/or the new resistered Agent	registered office address in Florida, enter the name of the
_	
	(Florida street address)
New Registered Office Address:	
	(City) (Zip Code)
New Registered Agent's Signature, if chan	pring Registered Agent
I hereby accept the appointment as registere	d agent. I am familiar with and accept the obligations of the position.  .
	Signature of New Registered Agent, if changing
	The state of the s

address of each Officer a (Attach additional sheets, Please note the officer/dir P = President; V= Vice I Executive Officer; CFO = held. President, Treasurer Changes should be noted	ind/or D if necess, ector title President, = Chief F c, Directo in the fol wes the co and Sall  PT	irector bein ary)  I by the first  T = Treasu  Tinancial Ot  Towing man  Try would be  Towing man  Try Smith, SV  John Doe  Mike Jone	g added:  letter of the office title:  rer; S= Secretary; D= Director; TR=  ficer. If an officer/director holds more  PTD.  ner. Currently John Doe is listed as the  Sally Smith is named the V and S. These  as an Add.	Trustee; C = Chairman or Clerk; CEO = Chief than one title, list the first letter of each office PST and Mike Jones is listed as the V. There is a should be noted as John Doe, PT as a Change,
X Add  Type of Action	<u>SV</u> <u>Title</u>	Sally Smit	i Ime	<u>Addres</u> s
(Check One)				
1) Change	Sec. Tr	_ E	VELYN DIAZ 	8200 NW 52ND TERRACE
Add				STE 103
X Remove				DORAL, FL 33166
2) Change	Sec. Tr	· L	JISA RODRIGUEZ	8200 NW 52ND TERRACE
X Add				STE 103
Remove				DORAL, FL 33166
3 ) Change		_		
Add				
Remove				
4) Change				
Add		_		
Remove				- <del></del>
Kellikve				
5) Change				
Add				
Remove				
6) Change				
Add	<del></del>	_		

\_ Remove

E. If amending or adding additional Article	as anter change(s) here:
(Attach additional sheets, if necessary).	(Be specific)
	<u> </u>
•	
<del></del>	<u></u>
. If an amendment provides for an exchar	ge, reclassification, or cancellation of issued shares,
provisions for implementing the amend (if not applicable, indicate N/A)	ment if not contained in the amendment itself:
(y nor appreame, marcale (87.4)	
<del>.</del>	
	1

The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block does document's effective date on the Department of	not meet the applicable statutory filing requirements, this date will not be listed as the f State's records.
Adoption of Amendment(s) (C	HECK ONE)
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	shareholders. The number of votes east for the amendment(s) approval.
	 he shareholders through voting groups. <i>The following statement</i> 
"The number of votes east for the am	 endment(s) was/were sufficient for approval 
by	oting group)
(In	öting group) 
☐ The amendment(s) was/were adopted by th action was not required.	board of directors without shareholder action and shareholder
■ The amendment(s) was/were adopted by th action was not required.	incorporators without shareholder action and shareholder
SEPTEMBER 7, 2010 Dated	
Simong	1 / Nortex &
Signature(By a director, pre	sident or other officer – if directors or officers have not been
selected, by an in-	ry by that fiduciary)
RUBEN (	II OROPEZA
	Typed or printed name of person signing)
PRESIDE	
	(Title of person signing)
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