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SEC-ALLASSEE, FLORIDA

OCT 02 2018

S. YOUNG

## **COVER LETTER**

NAME OF CORPORATION: ALL About CARpet Cleaning DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person about carpet cleaning SW 159 Court City/ State and Zip Code <u>allaboutcae me.com</u> E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person at (305) 408 - 7000

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: ☆35 Filing Fee □S43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filling Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

## **Mailing Address**

TO: Amendment Section

Division of Corporations

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

all about car	nort cleaning corp.
(Name of Corporation as cu	rrently filed with the Florida Dept. of State)
P000000869	450
(Document Num	nber of Corporation (if known)
(Document)	icer of corporation (it line in)
Pursuant to the provisions of section 607,1006, Florida Statutes its Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	on:
•	
	oration," "company," or "incorporated" or the abbreviation " or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	10001 SW 159 Court Miani, FL 33196
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	105 0
	2 SE FILL 2
D. If amending the registered agent and/or registered office	e address in Florida, enter the name of the
new registered agent and/or the new registered office ad  Name of New Registered Agent	idress:
	₩ 5
(Flor	ida street address)
New Registered Office Address:	Florida
Hen negisierea Office ridaress.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fam	Agent:
т негеоў ассері ше арроштені аз гедімегей адені. Тат јат	mar with and accept the obligations of the position.
Signature of l	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 = ChiefExecutive 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  $\underline{\mathsf{V}}$ Mike Jones X Add <u>SV</u> Sally Smith Type of Action Title Address <u>Name</u> (Check One) Educardo L. Villasuso 1) \_\_\_\_ Change \_\_\_\_ Add Remove CEO Sara Bulnes 10001 SW159 Court Miami, FL3346 \_\_\_\_ Add \_\_\_ Remove 3 ) \_\_\_\_ Change \_\_\_\_ Add

\_\_\_\_ Remove 4) \_\_\_\_ Change \_\_\_\_ Add \_ Remove 5) \_\_\_\_ Change \_\_\_ Add \_\_ Remove \_\_ Change Add Remove

	g additional Arti ets, if necessary).	(Be specific)				
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f an amendment pro	vides for an exch	ange, reclassi	<u>fication, or can</u>	ellation of issue	<u>d shares,</u>	
neguicione for imel	menting the amer	ndment if not	contained in the	e amendment itse	<u>elf:</u>	
(if not applicable	, maicaie MA)	-11				
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(if not applicable		<i>N</i>   N				
(if not applicable		<u> </u>				
(if not applicable		<i>N</i>   <i>N</i>				
(if not applicable						

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: 9-25-18  (no more than 90 days after amendment file date)	
(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 wildocument's effective date on the Department of State's records.	Il not be 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.	
Dated 9-25-(8	
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)	
(Typed or printed name of person signing)	
President - CED	

(Title of person signing)