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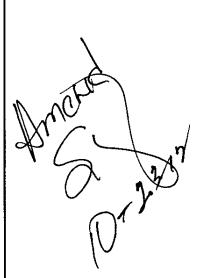
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COVER LETTER

TO: Amendment Section Division of Corporations PURE SHINE FLOOR CARE, INC NAME OF CORPORAT PO 100021010 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MARIA G. ARIAS Name of Contact Person Firm/ Company 6351 JEFFERSON ST HOLLYWOOD, FL 33023 City/ State and Zip Code pureshinefloorcare@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ALBERTO APARICIO Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$43.75 Filing Fee & □ \$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

PURE SHINE FLOOR CARE INC

P01000 (Progression as currently filed with the Florida Dept. of State)

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	120
Articles of Am	endment 21/2
to	
PURE SHINE FLOOR CARE INO	rporation (A)
01000 Process Corporation as currently filed with the Flo	orida Dept. of State)
(Document Number of Corporation (if	
· ·	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C	
word "chartered," "professional association," or the abbreviation "F	P.A. "
B. Enter new principal office address, if applicable:	6351 JEFFERSON ST
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	HOLLYWOOD, FL 33023
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6351 JEFFERSON ST
	HOLLYWOOD, FL 33023
D. If amending the registered agent and/or registered office addre	
new registered agent and/or the new registered office address:	
Name of New Registered Agent MARIA G. ARIAS	
6351 JEFFER	
(Florida stree	00000
New Registered Office Address: HOLLYWOOL (City)	, Florida_33U23
	• •
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w.	ith and accept the obligations of the position.
Signature of New Registered As	gent, if changing
ν	

Page 1 of 4

If amending the Officers and/or Djrectors, 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 Job	nn Doe	
X Remove	<u>V Mi</u>	ke Jones	
X Add	<u>SV</u> <u>Sa</u> l	lly Smith	
Type of Action (Check One) 1) Change Add	Title P	Name ALBERTO APARICIO	Address 6380 PLUNKETT ST HOLLYWOOD, FL 33023
Remove 2) Change	Р	MARIA G. ARIAS	6351 JEFFERSON ST
XAdd			HOLLYWOOD, FL 33023
3) Change Add Remove			
4) Change Add Remove			
5) Change Add			
Remove 6) Change Add		·	
Remove			

(Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
	<u> </u>
If an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:

10/15/2012

The date of each amendment(s) adoption:		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast f	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopaction was not required.	pted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopaction was not required.	pted by the incorporators without shareholder action and shareholder	
Dated 10/15/2	2012	
Signature	1000	
selected	rector, president of other officer – if directors or officers have not been l, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
• •	ALBERTO APARICIO	
•	(Typed or printed name of person signing)	
Ę	PRESIDENT	
	(Title of person signing)	