# P02000032369

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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#### **COVER LETTER**

TO: Amendment Section Division of Corporations 🛴

NAME OF CORPOR	ORTIZ C ER: P02000032	LEANING INC 369		
The enclosed Articles of	f Amendment and fee are su	abmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
	JULI	O MOLINA		
<del>-</del>	JULIO MOLINA	Name of Contact Person	1	
_	JOLIO MIOLIM			
	2002 CURRY	Firm/ Company FORD RD		
_	*	Address		
(	ORLANDO,FL	32806		
		City/ State and Zip Code	е	
JUL	.IOMOLINA@			
<del></del>	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
JULIO MOL	INA	at (407	228-4757	
Name of	Contact Person	Area Co	de & 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	□\$52.50 Filing Fee Certificate of Status Certified Copy	

enclosed)

#### **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

Certified Copy (Additional Copy

is enclosed)

### **Articles of Amendment** Articles of Incorporation

FILED

ORTIZ CLEANING, INC.

(Name of Corporation as currently filed with the Florida Dept. of State), ALL. P02000032369 13

(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:

me must be distinguishable and contain the Corp.," "Inc.," or Co.," or the designation "ord "chartered," "professional association," o	Corp," "Inc," or "Co". A	npany," or "incorpo professional corpora	rated" or the ab tion name must c
Enter new principal office address, if appli	cable:	·	
rincipal office address <u>MUST BE A STREET</u>	<u>'ADDRESS</u> ') 		
	<u></u>		
	<u>E BOX</u> )		
Enter new mailing address, it applicable: (Mailing address MAY BE A POST OFFIC)	<u></u>		
(Mailing address <u>MAY BE A POST OFFIC</u>	gistered office address in Fered office address:		e of the
(Mailing address MAY BE A POST OFFICE  If amending the registered agent and/or renew registered agent and/or the new regist	gistered office address in Fered office address:		e of the
If amending the registered agent and/or renew registered agent and/or the new regist	gistered office address in Fered office address:  (Florida street addre		

## 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:			•
X Change	<u>PT</u> <u>John</u>	ı Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	SV Sally	y Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	<u>VP</u>	FIOR D LARA DIAZ	10200 NEVER SINK CT
Add			ORLANDO,FL 32817
Remove			
2) Change			
Add			
Remove			
3) Change			
Add	•		
Remove		,	
4) Change			
Add			
Remove			
5) Change			
Add			****
Remove			
6) Change	<u> </u>		
Add			
Remove			

annending or adding addition track additional sheets, if necessity	essary). (Be spe	cific)			
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an amendment provides for	an exchange, rec	lassification, o	r cancellation o	f issued shares	
rovisions for implementing t	the amendment it	not contained	in the amendm	ent itself:	
(if not applicable, indicate	· N/A)				
			<del></del> -		
					****
			7-4		
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·					_

The date of each amendment(s) adoption: NOVENIBER 20 2014	, if other than th
date this document was signed.	
Effective date if applicable:	
(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 east 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 11/26/14	
Signature Dunto fine	
(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)	
- Bouta DAZ	
(Typed or printed name of person signing)	<del></del>
Mesident	
(Title of person signing)	