PD2000009355

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	<i>⇒</i> #)
PICK-UP	☐ WAIT	MAIL
(Ви	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
	4	
Special Instructions to	Filing Officer:	
		ŀ

Office Use Only



600210078556

07/26/11--01012--005 **43.75



Amendous M8/8/11

COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: Andson Clean	ng Service Enc.
DOCUMENT NUMBER: POOZOOOO	79355
The enclosed Articles of Amendment and fee are submitted for f	iling.
Please return all correspondence concerning this matter to the following	llowing:
HAYmon B. William Name of Contact Person	<u>15</u>
Handson Cleaning Ser	vice tre.
260 Pervit Olve. Address	APT 23
OPA-Locka, FL. 330 City/ State and Zip Coo	05 \(\int \)
Handson Clumin survil @ Ho E-mail address: (to be used for future annual re	AMall. Comport notification)
For further information concerning this matter, please call:	
MAYMON B Williams at 784	
Name of Contact Person Area Co Enclosed is a check for the following amount made payable to the	e Florida Department of State
\$35 Filing Fee \$\sum \frac{1}{2}\$\$43.75 Filing Fee \$\text{Certificate of Status}\$\$ Certified Co (Additional contents)	
Mailing Address Street Address	
Amendment Section Amendment	
Division of Corporations Division of C P.O. Box 6327 Clifton Build	•
	ve Center Circle
Tallahassee,	



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 27, 2011

HAYMON B. WILLIAMS
HANDS ON CLEANING SERVICE INC.
260 PERVIZ AVE - APT. #23
OPA LOCKA, FL 33054

SUBJECT: HANDS ON CLEANING SERVICE INC.

Ref. Number: P02000079355

We have received your document for HANDS ON CLEANING SERVICE INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

PLEASE CHECK ONLY (1) ONE BOX IN REFERENCE TO THE ADOPTION OF THE AMENDMENT.

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: 311A00017727

TANG-8 AMID: 16

Articles of An	nendment
to Articles of Inco	propration
of	
Hand On Cleaning Se	volen Inc. E
(Name of Corporation as currently filed with t	
P020000 79355	7 200
(Document Number of Corporati	on (if known)
amendment(s) to its Articles of Incorporation:	es, this Florida Profit Corporation adopts the collowing
A. If amending name, enter the new name of the corporation	<u>a:</u>
1/14	The new
name must be distinguishable and contain the word "corporable abbreviation "Corp.," "Inc.," or Co.," or the designation "Coname must contain the word "chartered," "professional associa	oration," "company," or "incorporated" or the orp," "Inc," or "Co". A professional corporation stion," or the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	171805.W.49PL. Miramar, FL.
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	33027 260 Perviz Muc. APT \$3 OPA-Locka, FL. 3305 of
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add	
Name of New Registered Agent: Shelp	Ion Morant
New Registered Office Address: (Florid	da street address)
Mirau (City)	(Zip Code) 33027
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familia	tent: liar with and accept the obligations of the position.

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>	Type of Action
हिटां प्रम	Sheldon Morant	171805-W49PL, Micamor FC. 33027	Add Remove
4	*** <u>**********************************</u>		☐ Add ☐ Remove
			☐ Add ☐ Remove
E. <u>If amendi</u> (attach add	ing or adding additional Articles, enterditional sheets, if necessary). (Be specified)	change(s) here:	
provision	endment provides for an exchange, recons for implementing the amendment if applicable, indicate N/A)	lassification, or cancellation of issues the same of issues the same of the sa	ued shares, iself:
	4/#		
	·		
			

he date of each amendment(s) adoption:
(date of adoption is required)
ffective date if applicable: (no more than 90 days after amendment file date)
doption 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 July 20,3011
Signature Harmon William
(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)
(Typed or printed name of person signing)
Haymon B. William
(Title of person signing)