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(Re	equestor's Name)	
(Ac	idress)	
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I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: SPOTLESS CLEAR	NING SERVICES, INC.	
DOCUMENT NUMBI	P02000100520		
The enclosed Articles of	f Amendment and fee are sub	omitted for filing.	
Please return all corresp	ondence concerning this mat	ter to the following:	
I	DE ALBUQUERQUE FARIA	AS, INEZ H	
-		Name of Contact Person	
S	SPOTLESS CLEANING SEI		
_		Firm/ Company	
3	328 N. OBSERVATORY DR	• •	
-	<u> </u>	Address	
(ORLANDO, FL 32835		
_		City/ State and Zip Code	<u> </u>
Inez@	spotlesses.com		
		ed for future annual report	notification)
For further information DE ALBUQUERQUE	concerning this matter, pleas	e call: at (407	2342340
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	payable to the Florida Depa	artment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

SPOTLESS CLEANING SERVICES, INC

(Name of Corporation as current	tly filed with the Florida Dept. of State)
P02000109520	
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this ts Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s
. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation" ("Inc.," or Co.," or the designation "Corp," "Inc," or vord "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
3. Enter new principal office address, if applicable:	N/A
Principal office address MUST BE A STREET ADDRESS	
Enter new mailing address, if applicable:	N/A
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	5
D. If amending the registered agent and/or registered office add	
new registered agent and/or the new registered office address	<u>ss:</u>
Name of New Registered Agent	
(Florida s	street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Ager	it:
hereby accept the appointment as registered agent. I am familian	with and accept the obligations of the position.
Signature of 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 = 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	<u>PT</u>	<u>John Doe</u>	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	HUMBERTO, SOBRINHO F	328 N. OBSERVATORY DR
Add			ORLANDO, FL 32835
X Remove			
2) Change	<u>T</u>	HUMBERTO, FARIAS JR	328 N. OBSERVATORY DR
Add			ORLANDO, FL 32835
X Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach <i>additiona</i>	dding additional Articles, sheets, if necessary). (Be	specific)			
					
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an amendmen	provides for an exchange	, reclassification, o	r cancellation of is	ssued shares,	
if not appli	nplementing the amendme table, indicate N/A)	ent ii not contained	in the amendmen	t itseii:	
					
					
				.	
.					

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(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 document's effective date on the Department of State's records.	will 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.	ı
☐ 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):	n
"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.	
06/30/2015	
Signature they be the server Fina	
(By a director, president of other bifficer – if directors or officers have not been	
selected, by an incorporator – it in the hands of a receiver, trustee, or other court appointed induciary by that fiduciary)	
DE ALBUQUERQUE FARIA, INEZ	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of nerson signing)	