(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Dc	ocument Number)	
Certified Copies	_ Certificates	of Status
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JUN 0 4 2018

COVER LETTER

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TO: Amendment Section Division of Corporations

**

NAME OF CORPOR	ATION: Florshine Comme	rcial and Residential Clean	ing Services, Inc	
DOCUMENT NUMB				
	of Amendment and fee are su	bmitted for filing.		
Please return all corres	oondence concerning this ma	tter to the following:		
	Christina Patrick			
•		Name of Contact Person	n	
	Affordable Accounting			
-		Firm/ Company		
	8003 N HWY 301, Ste	Bl		
-		Address		
	Parrish, Fl. 34219			
-		City/ State and Zip Cod	c	
	affordacct@outlook.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
Christina Patrick		941 at (776-5557	
Name o	f Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
	-			
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy	□\$52.50 Filing Fee Certificate of Status	
		(Additional copy is	Certified Copy	
		enclosed)	(Additional Copy is enclosed)	
			is enclosed)	
Mailing Address			Address	
Amendment Section		Amendment Section		
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building		
F.O. Box 6327 Tallahassee, FL 32314		2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

18 JUN - 1 PM 1: 42

Florshine Commercial and Residential Cleaning Services. Inc

SECRETAL PERSONS

(2)	
(Name of Corporation as current	ly filed with the Florida Dept. of State) Childs
05000098143	
(Decement Number)	of Corporation (if known)
(177) current (Minuel)	A Corporation (ii known)
rsuant to the provisions of section 607,1006, Florida Statutes, this Articles of Incorporation:	Florida Profit Corporation adopts the following amendmen
If amending name, enter the new name of the corporation:	
/A	The new
une must be distinguishable and contain the word "corporatio Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or ord "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
The contract of the contract o	N/A
Enter new principal office address, if applicable:	WA
rincipal office address <u>MUST BE A STREET ADDRESS</u>)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	N/A
·	
If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres	
new registered agent and/or the new registered office addres	<u>8:</u>
N-14	
Name of New Registered Agent N/A	
Name of New Registered Agent N/A	
Name of New Registered Agent	reet address)
Name of New Registered Agent (Florida st	
Name of New Registered Agent	reet address), Florida (City) (Zip Code)

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>	John Doc	<u>:</u>	
X Remove	\underline{V}	Mike Jon	<u>nes</u>	
X Add	<u>SV</u>	Sally Sm	<u>ith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change	<u>V</u>		Nepomuceno Hernandez	2633 Darwin Ave
X Add				Sarasota, Fl. 34239
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add		_		
Remove				
6) Change		_		
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
N/A
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
N/A

	May 18, 2018	
The date of each amendment date this document was signed.		, if other than the
_	May 18, 2018	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date no Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement of 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	
bv	(voting group)	
	(voting group)	
☐ The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder	
■ The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder	
May Dated	18, 2018	
	1	
Signature		
se	by a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary)	
	Flor M Chaves	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	