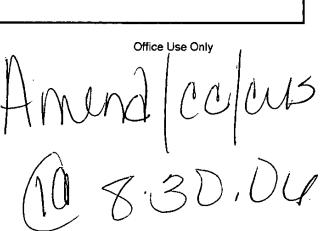
# P06000015632

(Requestor's Name)	
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PICK-UP WAIT MAIL	
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SECRETARY OF STATE

# **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: AMBROSE	FACILITIES MGMT INC OF FLORIDA
DOCUMENT NUMBER: P06000075632	
The enclosed Articles of Amendment and fee	are submitted for filing.
Please return all correspondence concerning the	his matter to the following:
Pat Scherer	
(Name	e of Contact Person)
Ambrose Facilities Manago	ement Co
(F	Firm/ Company)
P O Box 5433	
	(Address)
Deptford, NJ 08096	
(City/	State and Zip Code)
For further information concerning this matter	r, please call:
Pat Scherer	at ( <u>856</u> ) <u>845-0018</u>
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount	:
\$35 Filing Fee \$43.75 Filing Fee \$Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is 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



August 17, 2006

PAT SCHERER AMBROSE FACILITIES MANAGEMENT CO. P.O. BOX 5433 DEPTFORD, NJ 08096

SUBJECT: AMBROSE FACILITIES MGMT INC OF FLORIDA Ref. Number: P06000075632

We have received your document for AMBROSE FACILITIES MGMT INC OF FLORIDA and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

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

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
Document Specialist

Letter Number: 706A00050977

## Articles of Amendment to Articles of Incorporation of



### AMBROSE FACILITIES MGMT INC OF FLORIDA

(Name of corporation as currently filed with the Florida Dept. of State)

DOC #P06000075632	
(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:

### **NEW CORPORATE NAME (if changing):**

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "lnc.," or "Co.") (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")
<u>AMENDMENTS ADOPTED</u> - (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)
ADD OFFICER TO DOC #P06000075632
OFFICER NAME Helen Scherer
OFFICER ADDRESS128 Hampshire Dr., Deptford, NJ 08096
OFFICER TITLESecretary/Treasurer
DELETE OFFICER TO DOC #P06000075632
OFFICER NAMEAlisa Marinucci
OFFICER ADDRESS 9 Ambrose Court., Deoptford NJ 08096
OFFICER TITLEVice President
(Attach additional pages if necessary)
If an amendment provides for exchange, reclassification, or cancellation of issued shares, provision for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N
N/A
N/A
N/A

(continued)

The date of each amendmen	at(s) adoption: 06/21/2006
Effective date if applicable:	
<u> </u>	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	) was/were approved by the shareholders. The number of votes cast for by the shareholders was/were sufficient for approval.
	) was/were approved by the shareholders through voting groups. The nt must be separately provided for each voting group entitled to vote amendment(s):
"The number	of votes cast for the amendment(s) was/were sufficient for approval by
<del></del>	(voting group)
	) was/were adopted by the board of directors without shareholder action ction was not required.
	) was/were adopted by the incorporators without shareholder action and was not required.
Signature	HAME,
sele	a director, president or other officer - if directors or officers have not been ected, by an incorporator - if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
St	ephen Marinucci
	(Typed or printed name of person signing)
Pr	resident
_	(Title of person signing)

FILING FEE: \$35