## P06000087683

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## **COVER LETTER**

TO: Amendment Section

Division of Corpo	rations		•
NAME OF CORPOR	PROFESSION PROFESSION	NAL JANITORIA	L SERVICES, INC.
DOCUMENT NUMB	DOCODODZCO	3	•
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	NIRIAM M PERE	Z	
	NMP PROFESSI	Name of Contact Person	
	2500 SW 107 AV	Firm/ Company E STE 8	
•	MIAMI, FL 3316	Address	
	• •	City/ State and Zip Cod	e
nmı	oprofessionals@b		
	E-mail address: (to be us	ed for future annual report	notification)
For further information	concerning this matter, pleas	e call:	
NIRIAM M PE	EREZ	at (305	, 221-8176
Name o	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made [	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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, 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

PROFESSIONAL JANITOR	RIAL SERVICES	S, INC.		
(Name of Corporation as cur	rently filed with the Flor	rida Dept. of State)		
P06000087683				
(Document Nu	imber of Corporation (if k	nown)	***************************************	
Pursuant to the provisions of section 607.1006 its Articles of Incorporation:	6, Florida Statutes, this <i>Fl</i>	orida Profit Corporat	on adopts the following	g amendment(s) to
A. If amending name, enter the new name	of the corporation:			
n/a				The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered." "professional association,	n "Corp," "Inc," or "Co	o". A professional co		
B. Enter new principal office address, if ap	mlicable.	N/A		
(Principal office address MUST BE A STRE	<u>ET ADDRESS</u> )			
C. Enter new mailing address, if applicabl (Mailing address MAY BE A POST OFF				
				•
D. If amending the registered agent and/or new registered agent and/or the new registered agent and/or new registered agent		s in Florida, enter th	e name of the	61 NON 12
Name of New Registered Agent	IVIAN MARTINE	Z		<b>2</b> 22
	1615 SW 47 TE	RR	<del></del>	15
<u></u>	(Florida street		<u> </u>	<b>-</b> 399
M M	IAMI	PI	orida 33175	
New Registered Office Address:	(City)	, гі	(Zip Code)	ယူ ွှံ့
				<u> </u>
				.· *
New Registered Agent's Signature, if change I hereby accept the appointment as registered	zing Registered Agent:	h and accountly ablic	ations of the position	
Thereas accept the appointment as registered	agent, Tam jumital wil		шоть од нь ромнон.	
Sana	ure of New Registered Age	en, 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.

Example: X Change	<u>PT</u>	John Doe	
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	PT	TERESA MARTINEZ	14615 SW 47 TERR
Add			MIAMI, FL 33175
Remove			
2) Change	PST	VIVIAN MARTINEZ	14615 SW 47 TERR
Add			MIAMI, FL 33175
Remove			
3) Change			
Add			
Remove			
4) Change		·	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	nal sheets, if n	necessary). (	Be specific)				
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<u>lf an amendm</u>	<u>ent provides</u>	for an exchan	ige, reclassifica	tion, or cane	ellation of iss	ued shares,	
provisions fo	<u>r implementi</u>	ng the amend	ment if not cor	<u>itained in the</u>	amendment i	itself:	
	plicable, indic	cate in/A)					
Ά							
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					<del></del>		
				<u>w</u>			

The date of each amendment date this document was signed	t(s) adoption: 11/15/2014	, if other than the
Effective date if applicable:	11/15/2014	
Effective date <u>ir applicable</u> ,	(no more than 9t) days after amendment file date)	_
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
action was not required.  The amendment(s) was/we	re adopted by the board of directors without shareholder action and shareholder re adopted by the incorporators without shareholder action and shareholder	
action was not required.		
Dated_11/	15/2014	
s	Terasa Marting  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	_
a	ppointed fiduciary by that fiduciary)	
	TERESA MARTINEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	