P070660 10813

Requestor's Name)
Address)
Address)
City/State/Zip/Phone #)
WAIT MAIL
Business Entity Name)
Document Number)
Certificates of Status
to Filing Officer:

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2015 OCT 27 ARTO: 42

OCT 2 9 2014 C. CARROTHERS

COVER LETTER

Division of Corporations
NAME OF CORPORATION: All Sparkling Claring Corporation: POTBOOD 10813
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Menniel Ormas Name of Contact Person Off Sparkling Cleaning Corp Firm/Company Address Unami 12 33174 City/ State and Zip Code Jen als parkling a yahw com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Vennel Ormas at (786) 709-3745 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional Copy (Addi

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

is enclosed)

Articles of Amendment

to

Articles of Incorporation			
au Sparkling Cleaning	ORP		_
(Name of Corporation as currently filed with the Florida Dept. of Stat	<u>e</u>) '		
PO'10000 10813			
(Document Number of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the its Articles of Incorporation:	following amend	iment(s)	to
A. If amending name, enter the new name of the corporation:			
	The)	M COLU	
name must be distinguishable and contain the word "corporation," "company," or "incorporated" of "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name word "chartered," "professional association," or the abbreviation "P.A."	or the abbrevia	tion	
B. Enter new principal office address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
	<u> </u>	_	
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	ران جري وان جري	21	
	tan ST	300	
	117		
D. If amending the registered agent and/or registered office address in Florida, enter the name of the		27	i
new registered agent and/or the new registered office address:	រកឡ	222	
Name of New Registered Agent	F. S. J. S.	AH 10: 42	
Name of New Registered Agent	—— 三 三 三 三 三 二 一 二 二 二 二 二 二 二 二 二 二 二 二 二	Ę.	
(Elevidential address)		N	
(Florida street address)			
New Registered Office Address:, Florida		_	
(City)	(Zip Code)		
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the p	osition.		
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.

Example: X Change	PT John	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	e Jones	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	Guillermo Armas	4259 SW1294PL
Add Remove	ρ	Yenniel Armas	248 SW 103 Ave
2) Change Add		TO THE TITLES	Hiami 7 33174
Remove 3) Change Add			
Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
	

The date of each amendment(s) adoption: 10/21/2015, 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 will not be listed as the document's effective date on the Department of State's records.
Adoption 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
(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)
Yenniel Wemas
(Typed br printed name of person signing)
- Presiden
(Title of person signing)