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## **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: TOMAS CLEANING SERVICE INC, DOCUMENT NUMBER: PO 7000057 237 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: TOMAS VAPSVA

Name of Contact Person

TOMAS CLEANING SERVICE INC

Firm/ Company

3613 16TH STREET CT E

Address

BRADENTON FC 34208

City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: TOTIAS VAPS VA

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 □\$43.75 Filing Fee & \$43.75 Filing Fee & ☐\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## Articles of Amendment

## Articles of Incorporation

of

TOMAS CLEANING SEA	RVICE INC.
(Name of Corporation as current)	y filed with the Florida Dept. of State)
P070000 3	7237
(Document Number of	f Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this aits Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	0.4.4.4.5 = 1.4.4
	OR MANCE INC. The new
name must be distinguishable and contain the word "corporation," "c "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	I professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	<u> </u>
	13.5
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
	; 3
D. If amending the registered agent and/or registered office add	
new registered agent and/or the new registered office address	<u>.</u>
Name of New Registered Agent ///	
(Florida str	reet address)
New Registered Office Address:	(City) (Zip Code)
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	<u>:</u> with and accept the obligations of the position.
N/A	
Signature of New R	egistered Agent, if changing

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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	PT John D	<u>loc</u>	
X Remove	V Mike J	ones	
X Add	<u>\$V</u> <u>Sally \$</u>	<u>Smith</u>	
Type of Action (Check One)	<u>Tiule</u>	Name	<u>Address</u> s
i) Change	MA		
Add			
Remove	11.10		
2) Change	NH		
Add			
Remove 3) Change	N/A		
Add	,		
Remove 4) Change	N/A		
Add			
Remove 5) Change	N/A		
Add	<del></del>		
Remove			
6) Change	NA		
Add	•		
Remove			

, 1 A		smending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific)			
1 A	·			<del></del>	
					- <u></u>
				<del></del>	
	· <del></del>				
					<del></del>
amendment pro	ovides for an exc	hange, reciassific	ation, or cancella	tion of issued sha	res,
visions for imple	menting the am	hange, reclassific endment if not co	cation, or cancella ontained in the ar	ntion of issued sharendment itself;	res,
visions for imple (if not applicable	ementing the ame, indicate N/A)	endment if not co	ntained in the ar	ntion of issued share mendment itself:	<u>res.</u>
visions for imple (if not applicable	ementing the ame, indicate N/A)	endment if not co	ntained in the ar	ntion of issued sha mendment itself:	res,
visions for imple (if not applicable	ementing the ame, indicate N/A)	hange, reclassific endment if not co	ntained in the ar	ntion of issued sha nendment itself;	res.
visions for imple (if not applicable	ementing the ame, indicate N/A)	endment if not co	ntained in the ar	ntion of issued sha nendment itself:	res.
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The date of each amendment(s) adoption	II <u>JUNE</u> JUNE	29	20	<u> 20</u>	, if other than the
date this document was signed.	74	70	200	> ~!	
Effective date if applicable:	(no more than 90				
Note: If the date inserted in this block document's effective date on the Department	oes not meet the applica ent of State's records.	ble statutory i	iling requiren	ents, this date wi	ill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)				
The amendment(s) was/were adopted b action was not required.	y the incorporators, or be	oard of directo	rs without sha	reholder action an	nd shareholder
☐ The amendment(s) was/were adopted b by the shareholders was/were sufficient		number of vot	es cast for the	amendment(s)	
☐ The amendment(s) was/were approved  must be separately provided for each w  "The number of votes east for the  by	oting group entitled to v	ote separately	on the amend	meni(s):	
selected, by a	, president or other office in incorporator – if in the uciary by that fiduciary)	er — if director : hands of a rec	eiver, trustee,	ave not been or other court	
	TOMA S (Typed or printed r	VA/S	i/A signing)		<del></del>
	PRESIDE				
	(Title of person sig				<u> </u>