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SECRETARY OF STATES

OCT =9 2013

R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

	MACEDA'S ER: P0700009978		LEANING,INC
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
I	DANIEL MACED	A	
-	•	Name of Contact Person	1
1	MACEDA'S PRE	SSURE CLEAN	ING,INC
		Firm/ Company	
•	11331 SW 203 T	ERR	
_	· · · · · · · · · · · · · · · · · · ·	Address	
1	MIAMI,FL 33189		
-	·	City/ State and Zip Code	2
mac	accounting@be	stmail com	
11103	_accounting@ho	sed for future annual report	notification)
	= www.coo. (10 to ut	ned for future united report	nonine and in
For further information	concerning this matter, pleas	se call:	
Daniel Maceda		at (786	443 5482
Name of Contact Person Area Code & Daytime Teleph		de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:
S35 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		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

Articles of Amendment to Articles of Incorporation of

FILED

16 OCT | PH 3:31

MACEDA'S PRESSURE CLEANING, INC

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

SECRETARY OF STATES CALLAHASSEE, FLORIDA.

P07000099786	
(Document Number of Corporat	tion (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation	on:
	The new
name must be distinguishable and contain the word "corpo "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc,' word "chartered," "professional association," or the abbrevia	oration," "company," or "incorporated" or the abbreviation " or "Co". A professional corporation name must contain the ation "P.A."
B. Enter new principal office address, if applicable:	11331 SW 203 TERR
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	MIAMI,FL 33189
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	11331 SW 203 TERR
	MIAMI,FL 33189
D. If amending the registered agent and/or registered office	
new registered agent and/or the new registered office ad	<u>ldress:</u>
Name of New Registered Agent	
(Flor	rida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered A	Agent:
l hereby accept the appointment as registered agent. I am fam	ullar with and accept the obligations of the position.
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fam	Agent: niliar with and accept the obligations of the position.

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	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Si	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	VP		MEYBI FUENTES	21325 SW 120AVE
Add				MIAMI,FL 33177
X Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

If amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)			
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- "				······································
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If an amendment provides for an exch	ange, reclassificat	ion, or cancellati	on of issued share	<u>s,</u>
provisions for implementing the amer (if not applicable, indicate N/A)	idment if not cont	ained in the ame	ndment itself:	
				

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
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 69/05/120/3	
Signature(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)	
DANIEL MACEDA	
(Typed or printed name of person signing)	
PRESIDENT	

(Title of person signing)