## P0800006733

(Red	questor's Name)	
(Add	dress)	
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SECRETARY OF STATE
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## **COVER LETTER**

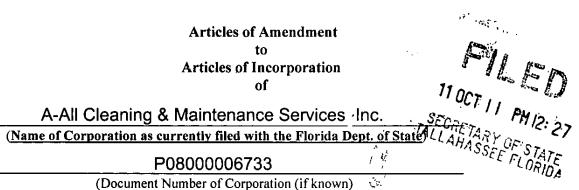
**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF COR	PORATION:A	A-All Cleaning	& Maintenanc	e Services, In	<u>C.</u>
DOCUMENT NU	UMBER: P08000006733				<b></b>
The enclosed Artic	cles of Amendment an	nd fee are submitt	ed for filing.		
Please return all co	orrespondence concert	ning this matter to	the following:		
		Lazaro			
		Name of Con	tact Person		
	A-All Cl		enance Services,	Inc.	
,		Firm/ Co	mpany		
		6450 NW 19			
		Addre	ess		
	- the control of the	Miami, FL		<del></del>	
		City/ State an	a Zip Code		
	E-mail address: (t	opez@a-allclea	ning.com annual report notificat	ion)	
For further inform	ation concerning this	matter, please cal	1:		
	Lazaro Lopez	at (_	305)	205-9257	
Name	e of Contact Person		Area Code & Daytin	ne Telephone Numbe	r
Enclosed is a chec	k for the following an	nount made payal	ole to the Florida D	epartment of Stat	e:
☑ \$35 Filing Fee	□ \$43.75 Filing Fee Certificate of State	us Ce	3.75 Filing Fee & rtified Copy Iditional copy is enclo		of Status
Mailing A Amendmen Division o P.O. Box 6	nt Section f Corporations	Ame Divis	et Address ndment Section sion of Corporation on Building	ıs	

2661 Executive Center Circle

Tallahassee, FL 32301



(Document Number of Corporation (if known)

lowing

Pursuant to the provisions of section 607.10 amendment(s) to its Articles of Incorporation		tes, this Florida Profit Corporation adopts the foll
A. If amending name, enter the new name	of the corporatio	<u>n:</u>
		The new
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or to name must contain the word "chartered," "p	he designation "C	poration," "company," or "incorporated" or the orp," "Inc," or "Co". A professional corporation ation," or the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		6450 NW 191 Terrace
		Miami, FL 33015
		<del></del>
C. Enter new mailing address, if applicab (Mailing address MAY BE A POST OF)		6450 NW 191 Terrace
		Miami, FL 33015
D. If amending the registered agent and/or new registered agent and/or the new re		
Name of New Registered Agent:	Lazaro Lope	<u>z</u>
New Registered Office Address:	6450 NW 19 (Flori	1 Terrace ida street address)
	Miami, (City)	, Florida <u>33015</u> (Zip Code)
New Registered Agent's Signature, if change I hereby accept the appointment as registered.	ging Registered A	gent:
	Signature of New	Registered Agent, if changing

removed an (Attach add	nd title, name, and address of ea litional sheets, if necessary)	ch Officer and/or Director being added	<u>1:</u>
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>P</u>	Gustavo Prieto	19113 NW 64 CT Miami Lakes, FL 33015	Add   Add   Remove
			Add   Remove
	ding or adding additional Articl dditional sheets, if necessary).		
provisi		ange, reclassification, or cancellation of diment if not contained in the amendme	

If amending the Officers and/or Directors, enter the title and name of each officer/director being

The date of each amendment	t(s) adoption: 10/01/2011
	(date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement end 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)
action was not required.	ere adopted by the board of directors without shareholder action and shareholder ere adopted by the incorporators without shareholder action and shareholder
Dated 10/0	11/2011
(By	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)
	Lazaro Lopez
	(Typed or printed name of person signing)
	President
	(Title of person signing)