

PO8000026630

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

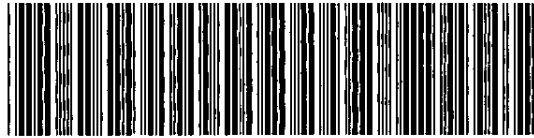
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/20/08--01028--015 **35.00

FILED

08 JUL -7 PM 2:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N.C.

G. G. G. G.

JUL 09 2008

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Maggy & Licot clinic services corp

DOCUMENT NUMBER: P08000026630

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LAZARO LICOT

(Name of Contact Person)

MAGGY & LICOT CLINIC SERVICES CORP

(Firm/ Company)

4665 SAINT CROYX LANE # 1534

(Address)

NAPLES- FL 34109

(City/ State and Zip Code)

For further information concerning this matter, please call:

LAZARO LICOT

(Name of Contact Person)

at (239) 200-8193

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 28, 2008

LAZARO LICOT
MAGGY& LICOT CLINIC SERVICES CORP
4665 SAINT CROYX LANE #1534
NAPLES, FL 34109

SUBJECT: MAGGY& LICOT CLINIC SERVICES CORP
Ref. Number: P08000026630

We have received your document for MAGGY& LICOT CLINIC SERVICES CORP and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

You need to complete the last page of the amendment filing form.

The corporate suffix must be added to the corporate name throughout the application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette
Regulatory Specialist II

Letter Number: 408A00033300

RECEIVED
2008 JUL -7 AM 8:00
DIV OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

MAGGY & LICOT CLINIC SERVICES **CORP**

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

P08000026630

(Document number of corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

MAGGY & LICOT CLEANING SERVICES **CORP**

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")

(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (**BE SPECIFIC**)

NONE

Maggy & Licot Cleaning Services, Inc.

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08 JUL - 7 PM 2:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Attach additional pages if necessary)

If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

N/A

The date of each amendment(s) adoption: 05-28-08

Effective date if applicable: 07-02-08
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

☒ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

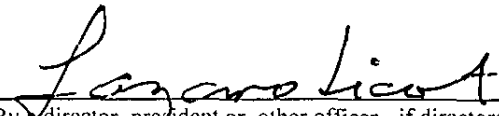
☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"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.

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)

LAZARO LICOT

(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)