

PO90000100430

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

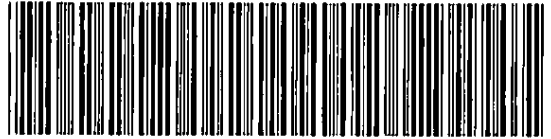
(Document Number)

Certified Copies _____ Certificates of Status _____

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 26, 2024

CAPITOL CARPET MAINTENANCE OF ORLANDO, INC.
1809 EAST BROADWAY STREET
STE 325
OVIEDO, FL 32765

SUBJECT: CAPITOL CARPET MAINTENANCE OF ORLANDO, INC.
Ref. Number: P08000100430

We have received your document for CAPITOL CARPET MAINTENANCE OF ORLANDO, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers listed.

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) 245-6939.

Stacy Prather
Regulatory Specialist III

Letter Number: 624A00016485

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Capitol Carpet Maintenance of Orlando, Inc.

DOCUMENT NUMBER: P08000100430

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

Please return all correspondence concerning this matter to the following:

Ricardo De Leon

Name of Contact Person

Capitol Carpet Maintenance of Orlando, Inc.

Firm/ Company

1809 East Broadway Street, STE 325

Address

Oviedo, FL 32765

City/ State and Zip Code

rickcapitolcarpet@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ricardo De Leon

at (917) 776-7591

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:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input checked="" type="checkbox"/> \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2008 JUN 15 07:12:39

Articles of Amendment
to
Articles of Incorporation
of

Capitol Carpet Maintenance of Orlando, Inc.

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

POS000100430

(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:

A. If amending name, enter the new name of the corporation:

N/A

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

1809 East Broadway Street

STE 325

Oviedo, FL 32765

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

N/A

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

Ricardo De Leon

1809 East Broadway Street, STE 325

(Florida street address)

New Registered Office Address:

Oviedo

(City)

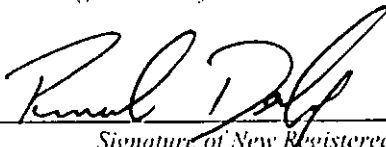
Florida

32765

(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 position.



Signature of New Registered Agent, if changing

Check if applicable

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

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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:

☒ Change PT John Doe

☐ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>P</u>	<u>Danilo A. Garcia</u>	<u>1809 East Broadway Street</u>
<input type="checkbox"/> Add			<u>STE 325</u>
<input checked="" type="checkbox"/> Remove			<u>Oviedo, FL 32765</u>
2) <input type="checkbox"/> Change	<u>V</u>	<u>Kimberly Lynne Garcia</u>	<u>1809 East Broadway Street</u>
<input type="checkbox"/> Add			<u>STE 325</u>
<input checked="" type="checkbox"/> Remove			<u>Oviedo, FL 32765</u>
3) <input type="checkbox"/> Change	<u>P</u>	<u>Ricardo De Leon</u>	<u>1809 East Broadway Street</u>
<input checked="" type="checkbox"/> Add			<u>STE 325</u>
<input type="checkbox"/> Remove			<u>Oviedo, FL 32765</u>
4) <input type="checkbox"/> Change	<u>VS</u>	<u>Yandery De Leon</u>	<u>1809 East Broadway Street</u>
<input checked="" type="checkbox"/> Add			<u>STE 325</u>
<input type="checkbox"/> Remove			<u>Oviedo, FL 32765</u>
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

N/A

F. If an amendment provides for an 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

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June 7, 2024

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

June 7, 2024

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.

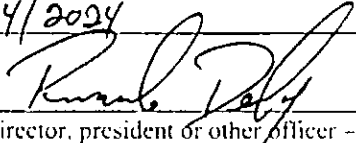
Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☒ 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)

Dated 08/14/2024

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)

RICARDO DE LEON

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

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