P08000109919

(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:
<u>.</u>

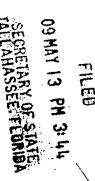




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April 28, 2009

DOROTHY JOHNSON DIVERSIFIED TAXES & FINANCIAL SERVICES 13154 SPRING HILL DR SPRING HILL, FL 34609

SUBJECT: CJJ JANI KING CLEANING SERVICES, INC.

Ref. Number: P08000109919

We have received your document for CJJ JANI KING CLEANING SERVICES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P03000141126 - C J & J SERVICES CORP.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 109A00014322

SECRETARY OF STATE TALLAHASSEE, FLORID**A**

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BECEINE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: CJJ Ja	ani King Cleaining Services, Inc.
DOCUMENT NUMBER: P0800010	09919
The enclosed Articles of Amendment and fe	ee are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Dorothy Jo	phnson me of Contact Person)
(14d)	ine of Contact (Cison)
Diversifie	ed TAxes & Financial Services, Inc. (Firm/Company)
13154 Spring	Hill Dr. Spring Hill, FL 34609 (Address)
Spring Hill,	FL 34609
(Cit	y/ State and Zip Code)
For further information concerning this matt	er, please call:
Dorothy Johnson (Name of Contact Person)	at (<u>352</u>) <u>683–5198</u> (Area Code & Daytime Telephone Number)
·	at made payable to the Florida Department of State:
\$35 Filing Fee \$35 Filing Fee & Certificate of Status	\$43.75 Filing Fee & \$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) 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	OS MAY 13 PM
	ning Services, Inc. rrently filed with the Florida Dept.	MUSTARY OF 3:44
P080001099	19	ORIOA
(Document N	lumber of Corporation (if known)	

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name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "programme must contain the word "chartered," "programme must contain the word "chartered,"	he designation "Ĉorp," "Inc," or "Ĉo". 🛭	or "incorporated" or the A professional corporation
B. Enter new principal office address, if an (Principal office address MUST BE A STRE		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF		
D. If amending the registered agent and/or		er the name of the
new registered agent and/or the new re-	gistered office address.	
	estered office address.	_
new registered agent and/or the new re-	(Florida street address)	- - · .
new registered agent and/or the new registered Agent:	(Florida street address)	

. 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) Title <u>Name</u> Address **Type of Action** ☐ Add □ Remove 🗖 Add □ Remove _____ 🗖 Add ____ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) 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)

The date of each amendment(s) adoption: 2-1-2009		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement and 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/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated	4-6-09	
Signature Z_	YOUR HILLIAN	
(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)	
	Sofia Lebron	
	(Typed or printed name of person signing)	
	Presiden t :	
	(Title of person signing)	