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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: M.M.C. Cleaning Services Inc
DOCUMENT NUMBER: <u>P090000 93 44 1</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Storia Rodas Name of Contact Person MNC Cleaning Services Firm/ Company 7963 C Brind Plass Rd Address 64. Deter Beach, FL 33706 City/ State and Zip Code E-mail address. (to be used for future annual report hotification)
For further information concerning this matter, please call: Aloria Lodia at (727) 224-0733 Name of Contact Person Area Code & Douting Telephone Number
Name of Contact Person at (727) 2741-0733 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee \$\ \text{Certificate of Status} \text{Certified Copy (Additional copy is enclosed)} \text{Certified Copy is enclosed} \text{Certified Copy is enclosed}
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

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Articles of 7 to Articles of In 0	ncorporation
M.N.C. CLFANTNG S	ERVICES INC.
(Name of Corporation as current	tly filed with the Florida Dept. of State)
P09000093441	
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc." or "Co", "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	7863C Blind Pass Rd 51 Peter Beach, FL 33709
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7863C Blind Pass Ad St. Pete Boads, FL 33709
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	Iress in Florida, enter the name of the s:
Name of New Registered Agent	
(Florida st	reet address)
New Registered Office Address:	, Florida
	Top Symp
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	<u>t:</u> with and accept the obligations of the position.
Signature of New I	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)

Example:

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.

	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) Change		<u> </u>	
Add			·
Remove			<u> </u>
2) Change	_		
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
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б) Change			
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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)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
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 east for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and action was not required.	shareholder
Dated O/14/10 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)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	_
President	
(Title of person signing)	