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(Req	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	
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## **COVER LETTER**

TO: Amendment Secti Division of Corpo		۵۱	0 1 1	
NAME OF CORPOR	ATION: CONNIES	> Cleaning	, Painting : More In	١(
DOCUMENT NUMB	er: <u> </u>	01846	' J	
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	Name of Contact Person	pel	
	532 Ba	Firm/ Company	N,	
	Dunedin	FL Address 34	698	
_	F:-mail address: (to be us	City/ State and Zip Code	notification)	
For earther information	Supplies this matter, please	se call:	215-5622	
	f Contact Person the following amount made		de & Daytime Telephone Number	
\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 hassee, FL 32314	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810	

Tallahassee, FL 32303



January 14, 2021

CONNIE M. SUPER 532 BAYWOOD DR. N. DUNEDIN, FL 34698

SUBJECT: CONNIE'S CLEANING, PAINTING & MORE INC.

Ref. Number: P1000001846

We have received your document for CONNIE'S CLEANING, PAINTING & MORE INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to file your document is \$35.

There is a balance due of \$10.00.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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) 245-6050.

Letter Number: 821A00000912

Irene Albritton Regulatory Specialist II

www.sunbiz.org



2021.

## FLORIDA DEPARTMENT OF STATE Division of Corporations

December 5, 2020

CONNIE M. SUPER 532 BAYWOOD DR. N. DUNEDIN, FL 34698

SUBJECT: CONNIE'S CLEANING, PAINTING & MORE INC.

Ref. Number: P10000001846

We have received your document for CONNIE'S CLEANING, PAINTING & MORE INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

The fee to file your document is \$35.

There is a balance due of \$10.00.

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) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 420A00024364

Division of Communations D.O. DOV COOR Well-bases. Flacial 20014

Articles of Amendment to Articles of Incorporation

(Name of Corporation as currently filed with the Florida Dept. of State)	->
(Document Number of Corporation (if known)	· · · · · · · · · · · · · · · · · · ·
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the follows Articles of Incorporation:	wing amendment(s) to
A. If amending name, enter the new name of the corporation:  SUER SAUS  mame must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreve "Inc.," or Co.," or the designation "Corp." "Inc.," or "Co". A professional corporation name must co "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	F-07
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
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	
(Florida street address)	<u>·</u>
New Registered Office Address: , Florida (City)	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 positi  Signature of Yew Registered Agent, if changing	on.

Check if applicable

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

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: X Change	PT	John Doe		
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	
1) Change		_	_/	<del></del>
Add			/	
Remove			<del></del>	
2) Change			·	
Add				
Remove 3 ) Change				<del></del>
Add				<u> </u>
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5) Change		/	<u> </u>	
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6) Change				
Add			·	
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mending or adding additional ach additional sheets, if necessar	y). (Be specific)			
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n amendment provides for an eovisions for implementing the	exchange, reclassification amendment if not contain	n, or cancenation of ned in the amendm	ent itself:	•
(if not applicable, indicate N/A	)		<u> </u>	
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ne date of each amendment(s) adoption:	if other than	the
e this document was signed.	1222	÷
ective date if applicable:	19-99-5050	
(no more than	90 days after amendment file date)	
te: If the date inserted in this block does not meet the appleument's effective date on the Department of State's records.	licable statutory filing requirements, this date will not be listed as	the
option of Amendment(s) (CHECK ONE)		
The amendment(s) was/were adopted by the incorporators, or action was not required.	r board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by the shareholders. T by the shareholders was/were sufficient for approval.	he number of votes east for the amendment(s)	
The amendment(s) was/were approved by the shareholders the must be separately provided for each voting group entitled to		•
"The number of votes east for the amendment(s) was/w	vere sufficient for approval	
by	<u> </u>	٠
(voting group)		
Dated 12-22-200		
Signature	figer / if directors or officers have not been	
selected, by an incorporato - if just	the hards of a receiver, trustee, or other court	i
appointed fiduciar by that fiduciar	y)	
Lornio	W. Spec	
(Typed or printed	d name of person signing)	
25	esident	
(Title of person s	signing)	