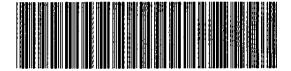
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(Req	uestor's Name)	
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SECRETARY OF STATE

Mr. 13-214

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: <u>SAIGARRIAGA BOST CLEANING SOWIER CORP.</u>
DOCUMENT NUMBER: 11 000014033
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ilean A Jome V Name of Contact Person
SunsHINE Acolg Firm/Company
1905 E 4Th Ave #2
Address Address City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: TRAWA GOMEN at (387) FRY F7 FC
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:
35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certificate of Status Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

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:		
New Registered Office Address:	(Florida street d	nddress)
_		, 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 position.

Signature of New 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)

<u>Title</u>	Name	Address	Type of Action
JP/12	MARGARITA SALLARIAGA	HAS NW 72, MIRMI FL 3	#
			_ ~
	ding or adding additional Articles, enter canditional sheets, if necessary). (Be specific		
provisi	mendment provides for an exchange, recla ons for implementing the amendment if no not applicable, indicate N/A)		

The date of each amendment(s) adoption: (date of adoption is required)			
	(date of adoption is required)		
Effective date <u>if applicable</u> : ((no more than 90 days after amendment file date)		
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.		
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):		
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval		
by	,,		
(t	voting group)		
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder		
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder		
Dated_ 9	126/2911		
select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)		
	TACKELINE SALJARRIAGA. (Typed or printed name of person signing)		
	(Title of person signing)		