P11000016748

(R	equestor's Name)				
(A	ddress)				
(A	ddress)				
(0	City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL			
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(C	Ocument Number)				
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: LEIDY JANITO	ORIAL SERVICES II	NC	
DOCUMENT NUMB	BER: P1100001674	8		
	of Amendment and fee are su			
		-		
Please return all corres	spondence concerning this ma	tter to the following:		
	PORTAL, LEIDY			
		Name of Contact Person	1	
		Firm/ Company		
	4733 W WATERS	S AVE. SUITE 8	337	 _
	TAMPA FL 33614	Address 4		
		City/ State and Zip Code	e	
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	n concerning this matter, pleas	se call:		
		a ₁ (813	, <u>337</u>	8425
Name	of Contact Person	Area Co	de & Daytime Tel	ephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	irtment of State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Certificate of Certified Cop (Additional C is enclosed)	Status y
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

LEIDY JANITORIAL SERVICES INC

(Name of Corporation as current) P11000016748	ly filed with the Flor	ida Dept. of State	<u>i</u>)		_
(Document Number	er of Corporation (if k	nown)			-
Pursuant to the provisions of section 607,1006. Floits Articles of Incorporation:	orida Statutes, this <i>Flo</i>	orida Profit Corpo	<i>ration</i> adop	ots the followin	ig amendment(s) to
A. If amending name, enter the new name of the	e corporation:				
					_The new
name must be distinguishable and contain the v "Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association," or	Corp," "Inc," or "Co	". A professional			
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A					_
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE</u>	<i>BOX</i>)				-
D. If amending the registered agent and/or reginer new registered agent and/or the new register		in Florida, enter	the name	of the	- :1
Name of New Registered Agent					SECRE Halpa
 -	(Florida street	address)) - 9
New Registered Office Address:	(City)		Florida	(Zin Code)	- PH 300
	,			(11), Colley	1.5
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen	Registered Agent: 11. I am familiar with	and accept the ob	oligations o	f the position.	
Signature oj	f New Registered Age.	nt. 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)

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	<u>PT</u>	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	V	JORGE E VARELA	4105 N HUBERT AVE
✓ ∧dd			TAMPA FL 33614
Remove			
2) Change	s	JORGE L QUINTANA	8505RIVERSHIRE CT
✓ Add			TAMPA FL 33634
Remove			
3) Change		_	-
Add			
4) Change			
Add			
Remove			11 - 20 - 20 - 20 - 20 - 20 - 20 - 20 -
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach addition	adding additional Art al sheets, if necessary).	(Be specific)			
					<u> </u>
			•		
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	-				
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_					***
					_
provisions for	nt provides for an exc implementing the am	nange, reclassivendment if not	contained in the	amendment itself:	nares,
(if not apj	licable, indicate N/A)				
					
					·
					

The date of each amendment(s) ad date this document was signed.	option:	, if other than the
-		
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 ado by the shareholders was/were sut	pted by the shareholders. The number of votes east for the amendment(s) flicient for approval.	
The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following statement 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)	
_	(voting group)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated 12/05/20	013	
Signature	Lila	
(By a di selected	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court	
appoint	led fiduciary by that fiduciary)	
	Leidy Portal (Typed or printed name of person signing)	
		_
	(Title of person signing)	