## P11000020291

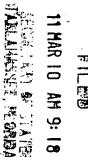
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## **COVER LETTER**

TO: Amendment Section Division of Corporations			
SUBJECT.	CANING SERVICES /N Name of Corporation 00020291		
	Control and for filing		
The enclosed Articles of Correction and f			
Please return all correspondence concerni	ing this matter to the following:		
LDUARDD C HP Name of Contact Person	PONTE		
ECA CLANING ?	SERVICES INC		
913 ALBERTUILLE	et		
KISSIMMEE, FL, 36 City/State and Zip Code,	4759		
E-mail address: (to be used for future annual	TMAIL. LOM report notification)		
For further information concerning this m	natter, please call:		
EDVARDO E APONTE  Name of Contact Person	at (407) 4/5-428()  Area Code & Daytime Telephone Number		
Enclosed is a check for the following amo	ount:		
\$35.00 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status		
\$\Bigsim \\$43.75 \text{ Filing Fee & Certified Copy}	☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy		
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 CORRECTION

for

ECA CC	EANERS	5 /NC	
Name of Cor	poration as currently filed with	the Florida Dept. of State	
P	100002	029/	
	Document Number (if kn	nown)	
Pursuant to the provisions of Section these Articles of Correction within 3	n 607.0124 or 617.01 30 days of the file dat	24, Florida Statutes, this te of the document being	corporation files corrected.
These articles of correction correct	RORIDA PROFIT	CORP	
	(Do	ocument Type Being Corrected)	<del></del> _
filed with the Department of State o	n 2/28/201/	of Document)	
Specify the inaccuracy, incorrect sta	tement, or defect:		."
E.C.A CLEANE		(CHANGE	CONDINAME)
			T MA
			7.0
			9.
		,	
Correct the inaccuracy, incorrect sta ECA CCEAN	tement, or defect: UING SER	EVICES INC	(Mw NAME)
			•
not been selected	ector, president or other officer, by an incorporator - if in the ha nted fiduciary, by that fiduciary.	ands of the receiver, trustee, or	
EDVARDO E A	DONTE	PRO	BIDENT
(Typed or printed name of person s	gning)	(Title	of person signing)

Filing Fee: \$35.00