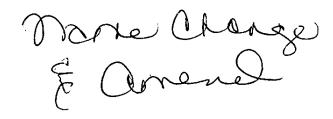
P11000105aal

(Requestor's Name)	-
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	7

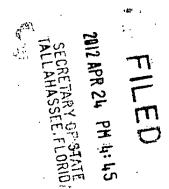
Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 11, 2012

Carmencita Richardson LC and C Janitorial, Inc. 8235 Tea Ticket Dr. Jacksonville, FL 32244

SUBJECT: LC AND C JANITORIAL, INC

Ref. Number: P11000105221

We have received your document for LC AND C JANITORIAL, INC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P10000097985.

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Annette Ramsey Regulatory Specialist II

Letter Number: 912A00011604

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR	<i>OMA 7</i> / :NOITA	1 Traface	d Tuc
	ER: <u>P11 800105</u>		
	of Amendment and fee are sul		
Please return all corres	pondence concerning this mat	eter to the following:	
	Carmenta	Name of Contact Person	<i>i</i>
-	2823401	Firm/ Company	
-	8735 Teatre	Address	
-	Jacksonille	City/ State and Zip Code	-
42	. E-mail address: (to be us	Sydlow.com ed for future annual report	notification)
For further information	concerning this matter, pleas	e call:	
APANTACITA Name o	Excusion Person	at (QQ4	de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	payable to the Florida Depa	ortment of State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Amend Divisio	Address ment Section n of Corporations Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

of	TRUE ME IN TO
1 Care Traffered Tex	ext ATE
(Name of Corporation as currently filed with the I	Florida Dept. of State) SECRETARY OF STRID!
PHANIOFAAI	We see
(Document Number of Corporation (
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Jun 187 745	The new
name must be distinguishable and contain the word "corporatio" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	5700 St. Augustine A
(1 incipul office dudiess MOST BE A STREET ADDRESS)	Inchemille, FI
	32207
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8235 Teatricket Dr
	Tacksonville, FI
	30244
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	
Name of New Registered Agent Salaria Mills	14
1860 Dinga (Florida su	reet address)
New Registered Office Address: \(\screen.\) (City)	Florida 32709 (Zip Code)
Now Degistered Agent's Signature if shanging Desistered Agent	
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	i: 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)

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	Doc			
X Remove	<u>V</u> <u>Mike</u>	e Jones			
_X Add	<u>SV</u> <u>Sally</u>	y Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s	
1) Change Add Remove	VP S VS	Comme	a Richarton	8235 Trafic Tackenville, 32244	KelD
2) Change Add Remove	<u> </u>	Calverer)	Millie	1840 Junier Jacksanville, 30209	ET E
3) Change Add Remove	TR	Johnson	te Harrell	1984 W 48+ Tackgowille, F 32209	
4) Change Add Remove					
5) Change Add Remove					
6) Change Add Remove					

. If amending or adding addition (attach additional sheets, if neces	ssary). (Be specific)		
			··········	
				· · · · · · · · · · · · · · · · · · ·
If an amendment provides for provisions for implementing to (if not applicable, indicate	he amendment if not	ification, or cancel contained in the a	lation of issued sha imendment itself:	res,
		,		

The date of each amendment(s) adoption: $4 - 18 - 3012$
Effective date if applicable: 4-18-2012 (no more than 90 days after amendment file date)
(no more than 90 days after amendment file date)
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 cast for the amendment(s) was/were sufficient for approval
by" (voting group)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated 4-18-2012
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)
Title of person signing)