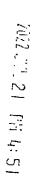
## P12000003842

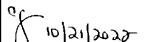
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: SANTA FE JANIT	TORIAL SERVICE INC		
	BER: P12000003842			
	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	BESSY ALVAREZ			
	Name of Contact Person			
		Firm/ Company	<del></del>	
	6300 YELLOWSTONE ST			
	ORLANDO, FL 32807	Address		
		City/ State and Zip Code	<del></del>	
	alvabe@att.net			
	E-mail address: (to be us	sed for future annual report	notification)	
For further informatio	n concerning this matter, plea	se call:		
BESSY ALVAREZ		at (	967-0616 ) de & Daytime Telephone Number	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check fo	or the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Co	Address ment Section in of Corporations entre of Tallahassee N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## Articles of Amendment Articles of Incorporation of

2027 JH 21 DE <u>5</u>1

SANTA FE JANITORIAL SERVICE IN	NC .		1955 2017 ST 1.11	$l_i$ : 5
(Name o	of Corporation as currently	y filed with the Florida De		
P12000003842				÷;''
	(Document Number of	Corporation (if known)		·
Pursuant to the provisions of section 607. its Articles of Incorporation:	.1006, Florida Statutes, this a	Florida Profit Corporation	adopts the following amendmen	nt(s) to
A. If amending name, enter the new n	ame of the corporation:			
			The new	
name must be distinguishable and contain "Inc.," or Co.," or the designation "Chartered," "professional association,"	Corp," "Inc," or "Co". A			
B. Enter new principal office address, if applicable:		6300 YELLOWSTONE	ST	
(Principal office address MUST BE A S	TREET ADDRESS )			
		ORLANDO, FL 32807	-	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		6300 YELLOWSTONE	ST	
		ORLANDO, FL 32807		
D. If amending the registered agent ar new registered agent and/or the new Name of New Registered Agent			ame of the	
Name of New Registered Agent	6300 YELLOSTONE ST			
			<del></del>	
	(Florida str	eet aaaress)		
New Registered Office Address:	ORLANDO		, Florida	
		(City)	(Zip Code)	
Name Desirational Associate Clauses	and the second of the second			
New Registered Agent's Signature, if c I hereby accept the appointment as regis.	tered agent. I am familiar v	<u>:</u> vith and accept the obligation	ons of the position.	
,	, ,	, ,	,	
	Signature of New R	egistered Agent, if changing	·	
Check if applicable				
☐ The amendment(s) is/are being filed p	oursuant 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)

Example:

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.

$\underline{X}$ 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
l) Change			
Add			
Remove			
2) Change			<del></del>
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		<u> </u>	
Add			
Remove			

•	
E. <u>I</u> f	amending or adding additional Articles, enter change(s) here:
(A	ttach additional sheets, if necessary). (Be specific)
	<del></del>
F. <u>I</u> 1	an amendment provides for an exchange, reclassification, or cancellation of issued shares,
	orovisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)
	(3 not appropriate facility
	· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file d	ate)
Note: If the date inserted in this be document's effective date on the De	lock does not meet the applicable statutory filing requirem partment of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without share	reholder action and shareholder
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the fficient for approval.	amendment(s)
☐ The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The follo each voting group entitled to vote separately on the amends	wing statement nent(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated	<u>-12-22</u>	
Signature	Jon de	
selected	rector, president or other officer – if directors or officers had, by an incorporator – if in the hands of a receiver, trustee, of the fiduciary by that fiduciary)	ve not been or other court
	ESSY Alvayer (Typed or printed name of person signing)	
	(Typed or printed name of person signing)  APPS, don	
	(Title of person signing)	