P12 000007137

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

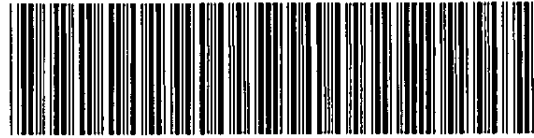(Business Entity Name)

(Document Number)

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<u>COVER LETTER</u>

TO: Amendment Section
    Division of Corporations

NAME OF CORPORATION: ELITE CLEANING WORK FORCE INC
_____

DOCUMENT NUMBER: P12000007137
_____

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

_____
Sonia Irizarry
_____
Name of Contact Person

_____
Firm/ Company
4900 S Rio Grande Ave APT 13B
_____
Address
Orlando FL 32839
_____
City/ State and Zip Code

_____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_____ at (407) 455-5083
Sonia Irizarry
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   Certified Copy   Certificate of Status
                                   (Additional copy is   Certified Copy
                                   enclosed)   (Additional Copy
                                                   is enclosed)

Mailing Address	**Street Address**
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle
	Tallahassee, FL 32301

**Articles of Amendment
to
Articles of Incorporation
of**

ELITE CLEANING WORK FORCE,INC .

(Name of Corporation as currently filed with the Florida Dept. of State)

P12000007137

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A

_____*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

4900 S RIO GRANDE AVE APT 13B

ORLANDO FL 32839

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

4900 RIO GRANDE AVE APT 13B

ORLANDO FL 32839

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   N/A
_____

_____
(Florida street address)

New Registered Office Address: _____ , 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)

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 Doe
X Remove	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ____ Change ____ Add X ____ Remove	P	AUSTIN J ALONZO	6068 NASHUA AVE ORLANDO FL 32809
2) ____ Change X ____ Add ____ Remove	P	SONIA IRIZARRY	4900 S RIO GRANDE APT 13B ORLANDO FL 32839
3) ____ Change ____ Add ____ Remove			
4) ____ Change ____ Add ____ Remove			
5) ____ Change ____ Add ____ Remove			
6) ____ Change ____ Add ____ Remove			

E. If amending or adding additional Articles, enter change(s) here:
   (Attach *additional sheets, if necessary).   (Be specific)*

_____

_____

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_____

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
   (*if not applicable, indicate N/A*)

_____

_____

_____

_____

_____

_____

_____

The date of each amendment(s) adoption: _____ , if other than the
date this document was signed.

Effective date if applicable: _____

(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 ___04|28|16___

Signature ___Austin A Alonzo___

(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)

___Austin Alonzo___

(Typed or printed name of person signing)

___President___

(Title of person signing)