## P1200008759

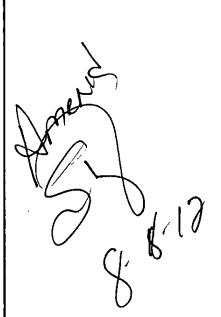
(Re	questor's Name)	
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Certified Copies	Certificates	s of Status
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: U	JANITORIALS	CLEANER	RS, INC
DOCUMENT NUMBER: P12000008739			
The enclosed Articles of Amendmen		iling.	
Please return all correspondence cor	ncerning this matter to the fol	lowing:	
LUZ H S	SOTELO		
JL JAN	Name of TORIALS CLEA!	Contact Person NERS, IN	C
115 WII	Firm. LOWBAY RIDG	Company	
SANFO	RD FL 32771	ddress	
	City/ Stat	e and Zip Code	
E-mail a	ddress: (to be used for future	annual report no	otification)
For further information concerning	his matter, please call:		
LUZ H SOTELO	a	<sub>t (</sub> 407	816-9904 & Daytime Telephone Number
Name of Contact Per	son	Area Code	& Daytime Telephone Number
Enclosed is a check for the followin	g amount made payable to th	e Florida Depart	ment of State:
	cate of Status Certified	l Copy nal copy is	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Secti Division of Corpo P.O. Box 6327 Tallahassee, FL 3	rations	Division Clifton B 2661 Exc	ent Section of Corporations

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



## P12000008739

Articles	s of Amendment
Articles	to of Incorporation of State)
	of AUG
JL JANITORIALS CLEANERS, INC	PM D.
(Name of Corporation as currently filed with P1200008739	the Florida Dept. of State)
(Document Number of Corporat	tion (if known)
	this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation	o <u>n:</u>
N/A	The new pration," "company," or "incorporated" or the abbreviation
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," word "chartered," "professional association," or the abbreviat  3. Enter new principal office address, if applicable:	or "Co". A professional corporation name must contain the
Principal office address <u>MUST BE A STREET ADDRESS</u> )	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
	<del></del>
new registered agent and/or the new registered office ad-	
new registered agent and/or the new registered office ad	
Name of New Registered Agent N/A	
new registered agent and/or the new registered office ad Name of New Registered Agent  N/A	ldress:
Name of New Registered Agent  New Registered Office Address:	ida street address)
Name of New Registered Agent  New Registered Office Address:	ida street address), Florida
Name of New Registered Agent  New Registered Office Address:	ida street address) , Florida (City) (Zip Code)

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 Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Si	n <u>ith</u>	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) Change	T		PABLO G SUAREZ	115 WILLOWBAY RIDGE ST
Add		_		SANFORD FL 32771
X Remove				
2) Change		<del></del>		
Add				
Remove				
3 ) Change		_		· · · · · · · · · · · · · · · · · · ·
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove			·	

. If amendi	ng or adding additional Articles, enter change(s) here:
(Attach add	ditional sheets, if necessary). (Be specific)
N/A	
·	
<del> </del>	
If an ame	ndment provides for an exchange, reclassification, or cancellation of issued shares,
provision	ns for implementing the amendment if not contained in the amendment itself: of applicable, indicate $N/A$ )
1/A	n appricable, maicale WA)
I/A	
<del></del>	

The date of each amendment	(s) adoption: 08/03/2012
Effective date if applicable:	08/03/2012
Effective date it appreade.	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
The amendment(s) was/were by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
	e approved by the shareholders through voting groups. The following statement d 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)
	(voiing group)
☐ The amendment(s) was/were action was not required.	e adopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were action was not required.	e adopted by the incorporators without shareholder action and shareholder
Dated	08/03/2012
Signature	a director, president or other officer – if directors or officers have not been
se	lected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	LUZ H SOTELO
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)