## P12000082533

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Caomoco <b>L</b> .m. <b>,</b> , , a.m.,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600250673926

08/19/13--01006--010 \*\*35.00

13 AUG 19 PM 3: 39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

X 8 123

## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: SHOWROO BER: P1200008253	OM CLEANING 3	NC			
The enclosed Articles	s of Amendment and fee are sul	bmitted for filing.				
Please return all corre	espondence concerning this mat	ter to the following:				
	EMOUNTE BANK	(S				
		Name of Contact Persor	1			
	SHOWROOM CL	EANING INC				
		Firm/ Company				
	26200 SW 131 COURT					
	Address					
	OPA LOCKA FL	33054				
		City/ State and Zip Code	2			
For further information	E-mail address: (to be us on concerning this matter, pleas	ed for future annual report	notification)			
EMOUNTE	BANKS	at (305	, 753-3591			
Name	of Contact Person		de & Daytime Telephone Number			
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:			
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & 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		Street Address  Amendment Section  Division of Corporations  Clifton Building				

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

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

FILED
SECRETARY OF STATE
TALL / HESSEE, FOORIDA

## SHOWROOM CLEANING INC

13 AUG 19 PM 3: 39

(Name of Corporation as currently filed with the Florida Dept. of State) P12000082533

idment(s) to

f known)		
Florida Profit Corporation adopts the following amendment		
The new n," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the 'P.A."		
490 ALI BABA AVENUE		
SUITE 2		
OPA LOCKA FL 33054		
490 ALI BABA AVENUE		
SUITE 2		
OPA LOCKA FL 33054		
ress in Florida, enter the name of the		
iks		
D TERRACE		
reet address)		
, Florida 33054		
(Zip Code)		
: with and accept the obligations of the position.  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 I	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
_X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	D	EARL BURTH	26200 SW 131 COURT
Add			HOMESTEAD, FL 33032
X Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Changa			
5) Change	<u></u>		
Add			
Remove			
6) Change			
Add			
Remove			

Attach add	g or adding add litional sheets, if n	necessary). (	Be specific)			
					<del></del>	
					•••	
			<del></del>		<del></del>	
•						
		•				
						***
provision	ndment provides is for implementi of applicable, indi	ing the amend	ige, reclassific ment if not co	ation, or cancel ntained in the a	lation of issued sh mendment itself:	ares,
				-		
						* * * * * * * * * * * * * * * * * * * *
	<del></del>					
				····		

The date of each amendment(s) adoption: 8/14/2013	, if other than the
date this document was signed.  8/14/2013	, , , , , , , , , , , , , , , , , , , ,
Effective date if applicable: 0/14/2013	
(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) was/were sufficient for approval.	endment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
by"  (voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and s action was not required.	hareholder
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	nolder
Dated 8/13/2014	
Signature Marule Barker	
(By a director, president or other officer – if directors or officers have selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
EMOUNTE BANKS	
(Typed or printed name of person signing)	

DIRECTOR

(Title of person signing)