## P13000005615

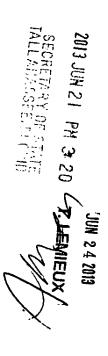
(Re	questor's Name)	
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## **COVER LETTER**

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: L. S. Janitorial Services Inc. P13000005615 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Miriam de Toro Name of Contact Person Miriam de Toro CPA, PLLC Firm/ Company 3850 SW 87th Avenue, Suite 301 Address Miami, FL 33165 City/ State and Zip Code Miriam@detorocpa.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: M de Toro Name of Contact Person 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** Articles of Incorporation of

	L S Janitorial S	ervices Inc.		
(Name of Corporation a	s currently filed with the Flo	orida Dept. of State)		_
	P13000005	5615		
(Docume	nt Number of Corporation (if	known)		<del></del>
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this F	lorida Profit Corporation	adopts the followi	ng amendment(s)
A. If amending name, enter the new n	ame of the corporation:			
•		,		The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associate.  B. Enter new principal office address,	nation "Corp," "Inc," or "C ntion," or the abbreviation "F	o". A professional corp	rporated" or the c oration name must	abbreviation contain the
(Principal office address MUST BE A S			<del></del>	_
			_ <del>_</del>	<del></del>
				_
C. Enter new mailing address, if appl (Mailing address MAY BE A POST	icable <u>:</u> OFFICE BOX)			_
				-
D. If amending the registered agent an	nd/or registered office addre	ss in Florida, enter the n	ame of the	_
new registered agent and/or the new	v registered office address:		<del></del>	
Name of New Registered Agent	Alina Torres			
	8760 SW 133 /	Ave RD #420	<del>_</del>	
	(Florida stree		_	
New Registered Office Address:	Miami	Florid	1a 33183 (Zip Code)	
THE REGISTER OFFICE THAN ESS.	(City)	, 1 10110	(Zip Code)	_
<b></b>				
New Registered Agent's Signature, if cl I hereby accept the appointment as regist	hanging Registered Agent: ered agent. Lom familiar wit	th and accept the obligation	ons of the position	
and the second s		aim accept the obligation	ona 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	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	. <u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	Р	Alina Torres	8760 SW 133 Ave RD
X Add			Apt #420
Remove			Miami, FL 33183
2) X Change	s	Aileen Torres	8760 SW 133 Ave RD
Add			Apt #420
Remove			Miami, FL 33183
3) Change			
Add			·
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary). (Be s	pecific)			
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	<del></del>			
			,	
	· · · · · · · · · · · · · · · · · · ·			
If an amendment provides for an exchange, r	alassification on an	callation of insured she		
provisions for implementing the amendment	if not contained in th	e amendment itself:	res,	
(if not applicable, indicate N/A)		<del></del>		
			<del></del>	

The date of each amendment(	s) adoption: April 1, 2013
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes of	east for the amendment(s) was/were sufficient for approval
by	(voting group)
action was not required.	adopted by the board of directors without shareholder action and shareholder
action was not required.	adopted by the incorporators without shareholder action and shareholder
<sub>Dated</sub> Jun	e 14, 2013
Signature Z	Calina Tones
sele	a director, president or other officer – if directors or officers have not been octed, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)
	Alina Torres
	(Typed or printed name of person signing)
	President
	(Title of person signing)