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## COVER LETTER

TO: Amendment Section

Division of Corporations				
NAME OF CORPORATION: Mails on calling				
DOCUMENT NUMBER: <u>P/300021760</u>				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Name of Contact Person  Wais on Calling  Firm/ Company  Address  Address  City/ State and Zip Code  Saltore Office Company  E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Salvador Rodri guzzat (786) 4195746  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:				
S35 Filing Fee  Certificate of Status  Certificate of Status  Certificate of Status  Certificate of Status  (Additional copy is enclosed)  Certificate of Status  Certified Copy  (Additional Copy is enclosed)				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle				

Tallahassee, FL 32301

## Articles of Amendment

Articles of Incorporation

of

Maids	0~	call	inc
(2)			

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

Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to

name must be distinguishable and contain the w	vord "corporation," "company	"," or "incorporated"	or the a	_The bbrevia	ttion
"Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or t	rp," "Inc," or "Co". A profe he abbreviation "P.A."	ssional corporation na	ne must	contain	the
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET A)			<del>_</del>		
				<u> </u>	_
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE I</u>	<u></u>				
			200	<b>2</b>	
			ν» Παρ <u>-12:11</u>	SEP	
D. If amending the registered agent and/or regis	tered office address in Florida	enter the name of the	J. 53	25	
new registered agent and/or the new registere	ed office address:	, enter the hant of the	:3 :,-	PH	
Name of New Registered Agent			* ; A		
			<b>2</b>	<u>ක</u> වැ	
	(Florida street address)			_	
New Registered Office Address:		, Florida			
	(City)		(Zip	Code)	
	(Florida street address) (City)	, Florida		Code)	_
New Registered Agent's Signature, if changing R hereby accept the appointment as registered agent					

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:	t. Will Str			
X Change	<u>PT</u>	John Doe		
X Remove	$\underline{\mathbf{V}}$	Mike Jones		
<u>X</u> Add	<u>\$V</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	Λ
1) Change	1	Zulema S	alazar 275	50W765+ #10
Add			Hial	ent FL33016
Remove				
2) Change				
Add			<del></del>	
Remove				
3 ) Change				
Add			<del></del>	<del></del>
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				<del></del>
Remove				
б) Change				
Add				
Remove				_

•	ticles, enter change(s) here: (Be specific)	
		·
, ==		
		Name of the second seco
<del>.</del> .		
f an amendment provides for an exc	hange, reclassification, or cancel	lation of issued shares,
<u>provisions for implementing the ame</u>	endment if not contained in the a	mendment itself:
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate :WA)		
(if not applicable, indicate :N/A)		
(if not applicable, indicate :N/A)		
(if not applicable, indicate :WA)		
(if not applicable, indicate :N/A)		

The date of each amendment(s) adoption:	1-21-2017	, if other than the
date this document was signed.  Effective date <u>if applicable</u> : 9 -	-71-2017	
(no	more than 90 days after amendment file date)	
Note: If the date inserted in this block does not me document's effective date on the Department of State		, this date will not be listed as the
Adoption of Amendment(s) (CHECK	CONE)	
☐ The amendment(s) was/were adopted by the sharel by the shareholders was/were sufficient for approx		ndment(s)
☐ The amendment(s) was/were approved by the sharmust be separately provided for each voting group		
"The number of votes cast for the amendmen	nt(s) was/were sufficient for approval	
by(voting gr		
(voting gr	roup)	
☐ The amendment(s) was/were adopted by the board action was not required.	d of directors without shareholder action and shareholder	areholder
The amendment(s) was/were adopted by the incorpaction was not required.	porators without shareholder action and shareho	older
Dated 9-21-3	2017	
Signature		
	or other officer – if directors or officers have neator – if in the hands of a receiver, trustee, or ot hat fiduciary)	
Salv (Type	ador Podviguta ed or printed name of person signing)	2
Pri	(Title of person signing)	