P130002553

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
· (Cit	ty/State/Zip/Phone #	<i>f</i>)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name	s)
(Do	ocument Number)	
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JUL 27 2014

R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: NORM	ANDY CLEANER INC
DOCUMENT NUMBER: P1300002	2553
The enclosed Articles of Amendment and fee	are submitted for filing.
Please return all correspondence concerning t	nis matter to the following:
ANYSABEL I	
NORMANDY	Name of Contact Person CLEANER INC
	Firm/ Company
16919 N BAY	'RD APT 319
	Address
SUNNY ISLE	S , FL, 33160
	City/ State and Zip Code
ANDRYSABEL@	GMAIL.COM
E-mail address: (o be used for future annual report notification)
For further information concerning this matte	r, please call:
ANYSABEL RODRIGUEZ	_{at (} 305) 409-2503
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 F Certificate of S	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation

14	JUL	14	2" 12:	ı
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NORMANDY OF EAVIED INC

NONWAND FOLEANER INC	•	* _ * . * . *		
(Name of Corporation as currently filed with the Fl	lorida Dept. of Sta	<u>te</u>)	***,1	11 A
P13000022552				
(Document Number of Corporation (if	fknown)			_
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	Florida Profit Corp	oration ac	dopts the follow	ing amendmer
A. If amending name, enter the new name of the corporation:				
				The new
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "(word "chartered," "professional association," or the abbreviation "(B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Co". A profession P.A."	al corpora	ation name mus	st contain the
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
D. If amending the registered agent and/or registered office address: Name of New Registered Agent		er the nan	ne of the	

New Registered Office Address:

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

(Florida street address)

(City)

, Florida_

(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 Doe				
X Remove	<u>V</u>	Mike Jones				
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s			
1) Change	VP	JAVIER ROCHE	16919 N BAY RD APT 319			
Add Remove						
2) Change	VP	MIGUEL ROCHE	16919 N BAY RD APT 319			
✓ Add						
Remove 3) Change						
Add						
Remove						
4) Change						
Add						
Remove						
5) Change		_				
Add						
Remove						
6) Change		_				
Add Remove						

ttach addition	r adding additional nal sheets, if necesso	ary). (Be	specific)					
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an amendm	ent provides for an	exchange.	reclassific	ation, or ca	ancellation	of issued sl	ia <u>res,</u>	
<u>provisions fo</u>	r implementing the	<u>amendme</u>	nt if not co	ntained in	the amend	<u>ment itself:</u>		
(if not ap	plicable, indicate N	/A)						
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The date of each amendment(s) adoption: 07/08/2014	, if other than th
date this document was signed.	,
Effective date if applicable: 07/08/2014	
(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) 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 east 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_07/08/2014	
Dated	
Signature Schul	
(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)	
ANYSABEL RODRIGUEZ	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	