

P13000032488

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

8971498

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 NOV 26 AM 9:10

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AND
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13 NOV 26 PM 3:16

DEPT. OF CORP. & BUS. REG.
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
SUPERIOR CLEANING SERVICES OF FLORIDA, INC.**

Certificate of Status	1
Certified Copy	1
Page Count	06
Estimated Charge	\$52.50

C. LEWIS
NOV 27 2013
EXAMINER

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SUPERIOR CLEANING SERVICES OF FLORIDA, INC.DOCUMENT NUMBER: P13000032488The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARIA D. RODRIGUEZ

Name of Contact Person

MED CONSULTANT SERVICES INC

Firm/ Company

2700 SOUTH UNIVERSITY DRIVE 4D

Address

DAVIE FLORIDA 33328

City/ State and Zip Code

JESSALIN_RODRIGUEZ@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA D. RODRIGUEZ

Name of Contact Person

at (954)347-2313

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 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
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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AND
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(FAX)

P.003/006

13 NOV 26 AM 9:10

H13000261141 3

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Articles of Amendment
Articles of Incorporation
of

SUPERIOR CLEANING SERVICES OF FLORIDA, INC.

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

PL3000032488

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

CG ALL FLORIDA INC

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:(Principal office address MUST BE A STREET ADDRESS)

2700 SOUTH UNIVERSITY DRIVE 7A

DAVIE FLORIDA 33328

C. Enter new mailing address, if applicable:(Mailing address MAY BE A POST OFFICE BOX)

N/A

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:Name of New Registered Agent

JESSALIN GIRALDO

2700 SOUTH UNIVERSITY DRIVE 7A

(Florida street address)

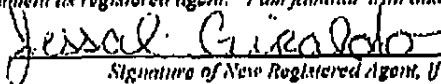
New Registered Office Address:

DAVIE

(City)

Florida 33328

(Zip Code)

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

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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.

Examples:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action
(Check One)

Title

Name

Address

- | | | | |
|--|----|-----------------|-------------------------|
| 1) <input type="checkbox"/> Change | P | CARLOS GIRALDO | 2700 SO. UNIVERSITY DR. |
| <input checked="" type="checkbox"/> Add | | | UNIT 7A |
| <input type="checkbox"/> Remove | | | DAVIE FLORIDA 33328 |
| 2) <input type="checkbox"/> Change | P | ARMANDO ALMEIDA | 2501 SW 79 AVENUE |
| <input type="checkbox"/> Add | | | APT 307 |
| <input checked="" type="checkbox"/> Remove | | | DAVIE FLORIDA 33324 |
| 3) <input type="checkbox"/> Change | VP | NOHEMY ALMEIDA | 2501 SW 79 AVENUE |
| <input type="checkbox"/> Add | | | APT 307 |
| <input checked="" type="checkbox"/> Remove | | | DAVIE FLORIDA 33324 |
| 4) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 5) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 6) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |

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K. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

N/A

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself
(if not applicable, indicate N/A)

N/A

11/28/2013 12:36

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AND
FILED

(FAX)

P.006/006

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The date of each amendment(s) adoption: 11-25-2013 If other than the date this document was signed.

Effective date if applicable: 11-25-2013

(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) 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 cast 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 11-25-2013

Signature



(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)

CARLOS GIRALDO

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)