

PI3000042779

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DIVISION OF CORPORATIONS
15 NOV 24 AM 11:15

NOV 30 2015

C LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Yireth Excellent Cleaning Services Corp
DOCUMENT NUMBER: P13000042779

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Esther J Melendez

Name of Contact Person

Emes of Pinellas Inc.

Firm/ Company

6447 park Blvd ste 6

Address

Pinellas Park FL 33781

City/ State and Zip Code

emes@tampabay.rr.com

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

For further information concerning this matter, please call:

Esther J Melendez at (727) 289 7133

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 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

Articles of Amendment
to
Articles of Incorporation
of

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Vireth Excellent Cleaning Services Corp NOV 24 AM 11:15
(Name of Corporation as currently filed with the Florida Dept. of State)

P13000042779

(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:

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**)

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 in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

(Florida street address)

New Registered Office Address:

(City)

, Florida

(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

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 Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action
(Check One)

Title

Name

Address

1) Change VP Jimmy Romero La Puente 200 starcrest Dr
 X Add Apt #88
 Remove Clearwater FL 33765

2) Change
 Add
 Remove

3) Change
 Add
 Remove

4) Change
 Add
 Remove

5) Change
 Add
 Remove

6) Change
 Add
 Remove

(Attach additional sheets, if necessary). (Be specific)

The date of each amendment(s) adoption: 11/06/2015

Effective date if applicable:

11/06/2015

(no more than 90 days after amendment file date)

if other than the
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DIVISION OF CORPORATIONS
15 NOV 24 AM 11:16

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 _____."

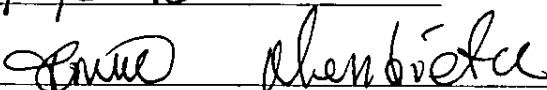
(voting group)

☐ 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 11/11/2015

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)

Irma Mendieta Mayorga

(Typed or printed name of person signing)

P

(Title of person signing)

Milan's Construction

I understand an employee leasing company provides my workers' compensation coverage. I further understand that my contract with the employee leasing company limits my workers' compensation coverage to enrolled worksite employees only. My leasing agreement does not cover un-enrolled worksite employees, independent contractors, uninsured subcontractors or casual labor exposure.

I hereby certify that 100% of my workers are covered employees as worksite employees with the employee leasing company. I certify that I do not hire any casual or uninsured labor outside the employee leasing arrangement. I agree to notify you in the event that I have any workers not covered by the employee leasing workers compensation policy. I agree that any newly hired employees will not perform any work at your worksites until such time that the I-9 is complete and my employee leasing company acknowledges them as their employee. I understand that I will be responsible for payment of any workers compensation injuries incurred by any newly hired workers at your jobsites that have not been acknowledged by my employee leasing company. In the event that I have any labor not subject to the employee leasing arrangement, I agree to obtain a separate workers compensation policy to cover these workers. I further agree to provide you with a certificate of insurance providing workers compensation coverage prior to this labor working at your jobsites.

I further agree to notify you if my co-employment relationship terminates with the employee leasing company and understand that I am required to furnish proof of replacement workers compensation coverage prior to the termination of the leasing agreement.

I certify that I have workers compensation coverage for 100% of my workers through the leasing arrangement specified below:

Name of employee leasing company: _____
Workers Compensation Carrier: _____
A.M. Best Rating of Carrier: _____
Inception date of leasing contract: _____

I further agree to notify you in the event that I switch employee leasing companies. I recognize that I have an obligation to supply an updated workers compensation certification to you that documents the change of carrier.

Name of Subcontractor: _____

Signature of Owner: _____ Title: _____

Date: _____

I hereby attest that the information provided in this affidavit is accurate.

State of _____ County of _____ Sworn to (or affirmed) and subscribed before me
this _____ day of _____ 20____ by _____

Personally known _____ Or produced identification _____ Type of Identification Produced: _____

Notary (Signature)

Notary (Print, typed or stamped commissioned)

Milan's Construction

I _____, the owner of _____ certify that as of the date of my signature below, I have _____ employees; I do / do not use subcontractors and/or casual labor.

Subcontractors used:

In the event that I hire an employee and/or an uninsured subcontractor, I agree to obtain a worker compensation policy to cover these workers.

I will further provide you with a certificate of exemption showing proof of workers compensation exemption.

I hereby attest that the information provided in this affidavit is accurate.

Signature of Owner: _____

Title: _____

Date: _____

State of _____ County of _____

Sworn to (or affirmed) and subscribed before me this _____ day
of _____ 20 _____

by _____

Who is personally known to _____

Or

Produced identification _____ Type of Identification Produced: _____

NOTARY PUBLIC

My Commission Expires:

Print name – Affix stamp