## P13000049238

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2015 OCT 21 AM 9: 58 SECRETARY OF STATE

Amend

OCT 21 2015 I ALBRITTON

## **COVER LETTER**

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Malis de la ceuz cleaning Salvices Inco
DOCUMENT NUMBER: <u>\$\rho(13000049238\cdot\)</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
ARALIS de la CRUZ Claaning Garvices File.
7320 HAGER WAY
Address
OR/MNDO, FL, 33832.  City/ State and Zip Code
City/ State and Zip Code
<u>Ove/15 de la Caux 1111 D Yahoo. e5</u> E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ARALIS de la CRUZ al 407 480 6020
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 Certificate of Status Certified Copy (Additional copy is enclosed)  □ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy

**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

is enclosed)

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation as cur	rrently filed with the Florida Dept. of State)
D1300004	9238
(Document Num	19238 aber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	on:
	The new
	oration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	TAIS SE
	P22 6
C. Enter new mailing address, if applicable:	SSA - M
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	—————————————————————————————————————
	en e
	RIDE SO
D. If amending the registered agent and/or registered office	
new registered agent and/or the new registered office ad	ldress:
Name of New Registered Agent	
(Flor	rida street address)
New Registered Office Address:	, Florida
New Register en Office Additions.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered	
I hereby accept the appointment as registered agent. I am fan	nuar wun ana accept the obugations 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	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	51	Karia Rafaela n	aun 5924. A.CASA
X/ Add		·	DE/ REY CT
Remove			DIZIANDO FC 32809
2) Change	SV	HUNGERTO BEYS	5924 A. CASA
_X_ Add		•	Del Rey ct
Remove			DR/ANDO, F.C. 32809.
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

•	cles, enter change(s) here: (Be specific)	
		•
		-
_		•
		·
		•
an amendment provides for an exchorovisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued share ndment if not contained in the amendment itself:	<u>28,</u>
provisions for implementing the ame	nange, reclassification, or cancellation of issued share indicated and in the amendment itself:	e <u>s.</u>
provisions for implementing the ame	nange, reclassification, or cancellation of issued share in the amendment itself:	<u>es,</u>
<u>provisions for implementing the ame</u>	nange, reclassification, or cancellation of issued share ndment if not contained in the amendment itself:	<u>es.</u>
<u>provisions for implementing the ame</u>	nange, reclassification, or cancellation of issued share adment if not contained in the amendment itself:	es.
<u>provisions for implementing the ame</u>	nange, reclassification, or cancellation of issued share indirect if not contained in the amendment itself:	es.

The date of each amendment(s) ado date this document was signed.	ption:	n 12/2015	, if other than th
Effective date if applicable:	OCTOBER	12/2015	
	(no more than 90 days af	ter amendment file date)	
Note: If the date inserted in this blo document's effective date on the Depa		utory filing requirements, this date	will not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )		
☐ The amendment(s) was/were adopt by the shareholders was/were suffi		of votes cast for the amendment(s)	
☐ The amendment(s) was/were appromust be separately provided for ea	oved by the shareholders through voti such voting group entitled to vote sepa		1
"The number of votes cast fo	r the amendment(s) was/were sufficie	ent for approval	
by	(voting group)	·"	
☐ The amendment(s) was/were adopt action was not required.	ed by the board of directors without	shareholder action and shareholder	
The amendment(s) was/were adopt action was not required.	ed by the incorporators without share	eholder action and shareholder	
Dated/	0/12/15		
selected,	ector, president or other officer – if do by an incorporator – if in the hands of d fiduciary by that fiduciary)		
	ARA/iS	DE /A CRUZ.	
	(Typed or printed name of	person signing)	
_	PRESIDE		
	(Title of person	ı signing)	