

P130000102400

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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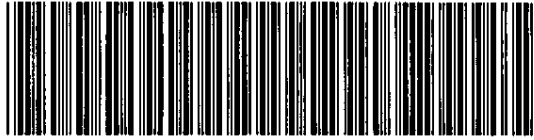
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 SEP 11 PM 2:24

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Amel

SEP. 12 2014

R. WHITE

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: **PERFECT CLEANING & MAINTENANCE INC**

DOCUMENT NUMBER: **P 13000102400**

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

Please return all correspondence concerning this matter to the following:

MARIA M RAMIREZ

(Name of Contact Person)

PERFECT CLEANING & MAINTENANCE

(Firm/ Company)

9091 TAFT ST

(Address)

PEMBROKE PINES FL 33024

(City/ State and Zip Code)

perfectcleaning14@yahoo.com

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

For further information concerning this matter, please call:

MARIA M RAMIREZ

(Name of Contact Person)

at **954** **404-2231**

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

14 SEP 11 PM 1:42

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

August 22, 2014

MARIA M RAMIREZ
9091 TAFT ST
PEMBROKE PINES, FL 33024

SUBJECT: PERFECT CLEANING & MAINTENANCE INC
Ref. Number: P13000102400

We have received your document for PERFECT CLEANING & MAINTENANCE INC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Page 4 is incomplete. Please complete page 4 in it's entirety.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White
Regulatory Specialist II

Letter Number: 714A00018173

Articles of Amendment
to
Articles of Incorporation
of

FILED

14 SEP 11 PM 2:24

PERFECT CLEANING & MAINTENANCE INC

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

P 13000102400

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For 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" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

9091 TAFT ST

PEMBROKE PINES FL33024

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>VICE PRESIDENT</u>	<u>ARTURO LA FUENTE</u>	<u>3725 S OCEAN DR #1123</u> <u>HOLLYWOOD FL</u> <u>33019</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>PRESIDENT</u>	<u>MARIANGEL CAICOYA</u>	<u>895 N W 135 TERR</u> <u>PEMBROKE PINES</u> <u>FL 33028</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>PRESIDENT</u>	<u>MARIA M RAMIREZ</u>	<u>3725 S OCEAN DR #1123</u> <u>HOLLYWOOD FL33019</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VICE PRESIDENT</u>	<u>JAVIER B TOLEDO</u>	<u>2694 W 72 PL</u> <u>HIALEAH FL 33016</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u>

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

REMOVING ARTURO LA FUENTE AS VICE PRESIDENT FROM THE COMPANY,
ALSO MARIA M RAMIREZ AS PRESIDENT FROM THE COMPANY.
NEW ASSIGNED PRESIDENT IS TO BE MARIANGEL CAICOYA
AND NEW TO BE NAMED VICE PRESIDENT IS JAVIER B TOLEDO.
THE SHARES OF CAPITAL STOCK SHALL BE AS FOLLOWS:
MARIANGEL CAICOYA - 252 SHARES
JAVIER B TOLEDO - 248 SHARES

The date of each amendment(s) adoption: 9/2/2014 if other than the date this document was signed.

Effective date if applicable: 9/2/2014
(no more than 90 days after amendment file date)

Adoption of Amendment(s)

(CHECK ONE)

- The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated

9/2/2014

Signature

[Handwritten Signature]

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Mariange Calcoys

(Typed or printed name of person signing)

President

(Title of person signing)