P1400001987

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ві	siness Entity Nan	ne)
(Dc	cument Number)	
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STORE FARY OF STATE DIVISION OF CORPORATIONS

14 JUL -7 AH 9: 36

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COVER LETTER

TO: Amendment Sect Division of Corp						
NAME OF CORPORATION: Diaz & Diaz Cleaning, Inc						
	BER: P1400000198					
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Please return all corre	spondence concerning this man	ter to the following:				
Aramis Diaz						
		Name of Contact Persor	1			
	Diaz & Diaz Clea	aning, Inc				
		Firm/ Company				
	4001 49 ST N LC	T 22				
		Address				
	SAINT PETERSE	BURG, FL 33709)			
		City/ State and Zip Code	e			
٨٥	ANICDIA COA	OTRAKII COM				
An	AMISDIAS30@H	sed for future annual report	notification)			
	L-man address. (to be us	sed for ruture annual report	notification)			
For further information	on concerning this matter, pleas	se call:				
ARAMIS DIA	Z	at (727	3207641			
Name	of Contact Person	Area Co	de & 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 Street Address						
	endment Section	Amendment Section Division of Corporations				
Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building						
Tallahassee, FL 32314 2661 Executive Center Circle						
Tallahassee, FL 32301						

Articles of Amendment to Articles of Incorporation of



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	14 JUL / 511
	
ntly filed with the Florida Dept. of State)	
ber of Corporation (if known)	
Florida Statutes, this Florida Profit Corporation ado	pts the following amendment(s)
the corporation;	
, INC	The new
"Corp," "Inc," or "Co". A professional corporati	ated" or the abbreviation
icable: N/A	
	
······	
	of the
(Florida street address)	
, Florida	
(City)	(Zip Code)
(City)	(Zip Code)
	of the position
gent. I am familiar with and accept the obligations of	of the position.
	N/A CE BOX Registered office address in Florida, enter the name stered office address: (Florida street address) Florida.

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 <math>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	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change			
Add Remove			
2) Change			
Add Remove			
3) Change			
Add Remove			
4) Change			
Add Remove			
5) Change			
Add Remove			
6) Change		····	
Add			
Remove			

. <u>If amendin</u> (Attach <i>add</i>	<mark>ng or adding additional</mark> A ditional sheets, if necessar,	Articles, enter char y). (Be specific)	ge(s) here:		
۱/A					
					
					
					
· · · · · ·					
	•				
	<u></u>				
provision	ndment provides for an one is for implementing the sold applicable, indicate N/A	<u>amendment if not c</u>	cation, or cance ontained in the :	llation of issued sh amendment itself:	ares,
				<u> </u>	
				· · · · · · · · · · · · · · · · · · ·	

•	•						
			S٤	urg.	i Ti TARY	LU OF STATE	, if other than the
The date of each amendment(s) ac	doption:		DIVIS	<u> 108 j</u>	<u> </u>	<u>IRFORATIONS</u>	, if other than the
date this document was signed.			41	11 11	-,	8H 0. 2C	
Effective date if applicable:			14	JUL	- 1	AH 9: 36	
	(no more t	han 90 days after amen	dmen	t file	date)		
Adoption of Amendment(s)	(<u>CHECK ONE</u>)						
The amendment(s) was/were add by the shareholders was/were su		. The number of votes	cast fo	or the	ame	ndment(s)	
The amendment(s) was/were approvided for							
"The number of votes cast	for the amendment(s) wa	s/were sufficient for ap	ргоча	ıł			
by	(voting group)			"			
	(voting group)						
The amendment(s) was/were add action was not required.	opted by the board of dire	ectors without sharehold	der ac	tion a	ınd sh	areholder	
The amendment(s) was/were add action was not required.	opted by the incorporator	s without shareholder a	ction :	and s	hareh	older	
Dated							
Signature	Afril.						
(By a c selecte	lirector, president or othe d, by an incorporator – if ted fiduciary by that fidu	f in the hands of a recei-					
	ARAMIS DIAZ						
	(Type	d or printed name of pe	erson s	signir	ıg)		_
	PRESIDENT						
		(Title of person signi	ing)				_