P1400011153

(Re	questor's Name)	
(Ad	dress)	
	•	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	; #)
PICK-UP	WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
	-	
	<u></u>	
Special Instructions to	Filing Officer:	
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FILED
2017 DEC -6 PH 3: 40
SECRETARY OF STATE

Mame Ch &

DEC 0 6 2017 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: LOU'S RAINBOW	CLEANING INC			
DOCUMENT NUMB					
	f Amendment and fee are su	bmitted for filing.			
Please return all corresp	oondence concerning this ma	tter to the following:			
1	MIRNA BALDERA				
-		Name of Contact Person	1		
I	LOU'S RAINBOW CLEANING INC				
_		Firm/ Company			
5	45 NW 87 AVE	1			
-		Address			
(CORAL SPRINGS FL 33071				
_		City/ State and Zip Cod	e		
MIRN.	ABLADERA@GMAIL.CO	М			
-	E-mail address: (to be us	sed for future annual report	notification)		
	concerning this matter, pleas				
MIRNA BALDERA	_ _ _	at () 357-7153		
Name of	Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)		
Amer Divis P.O. I	ng Address adment Section ion of Corporations Box 6327 nassee, FL 32314	Amend Division Clifton 2661 E	Address Iment Section on of Corporations Building xecutive Center Circle assee, FL 32301		



November 16, 2017

MIRNA BALDERA 745 NW 87 AVE CORAL SPRINGS, FL 33071

SUBJECT: LOU'S RAINBOW CLEANING, INC.

Ref. Number: P14000011153

We have received your document for LOU'S RAINBOW CLEANING, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

PLEASE ONLY CHECK ONE BOX

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: 317A00023327

RECEIVED

17 DEC -5 MIN 59

17 DEPARTMENT OF STATE

BLUESTON OF STATE

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of Sta P14000011153 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the its Articles of Incorporation: A. If amending name, enter the new name of the corporation:	
(Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the its Articles of Incorporation: A. If amending name, enter the new name of the corporation:	
(Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the its Articles of Incorporation: A. If amending name, enter the new name of the corporation:	ate)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the its Articles of Incorporation: A. If amending name, enter the new name of the corporation:	
its Articles of Incorporation: A. If amending name, enter the new name of the corporation:	
	he following amendment(s) to
MB JOURNEY INC	The man
name must be distinguishable and contain the word "corporation," "company," or "incorporated" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation no word "chartered," "professional association," or the abbreviation "P.A."	The new " or the abbreviation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2011 SE TAL
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	OFFC-6 THE CAN'S SEE
	STATE OF STA
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:	<u>ne</u>
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address:, Florid	da(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	

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 Dog	2		•
X Remove	<u>V</u>	Mike Jor	<u>nes</u>		
X Add	<u>sv</u>	Sally Sm	<u>ith</u>		
Type of Action (Check One)	<u>Title</u>		Name		Address
1) Change		_		,	
Add					
Remove					
2) Change		_			
Add					
Remove					
3) Change					
Add					
Remove					
4) Change					
Add	•		<u> </u>	,	
Remove					
5) Change		_		•	
Add					
Remove					 .
6) Change					
Add		_	•	•	
Remove					

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
· · · · · · · · · · · · · · · · · · ·	
	-
<u> </u>	
f	
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
<u> </u>	

	11/01/2017	
The date of each amendment(s) a	doption:	, if other than the
date this document was signed.	22 /22 -	
Effective date if applicable:	01/2017	
Enecute date in application.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this I document's effective date on the De	block does not meet the applicable statutory filing requirements, this date epartment of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	ut
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
,	(voting group)	
	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
11/01/2017	,	
Dated		
.# 1		
Signature	- 1° PU	<u> </u>
	lirector, president or other officer – if directors or officers have not been	
	d, by an incorporator – if in the hands of a receiver, trustee, or other court	
арроги	ted fiduciary by that fiduciary)	
	Merna R. Baldera	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	