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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MARLILI CLE	ANING SERVICES INC.			
DOCUMENT NUMBER: P14000014217				
The enclosed Articles of Amendment and fee are	submitted for filing.			
Please return all correspondence concerning this	natter to the following:			
MARTHA CELIS				
<del></del>	Name of Contact Person			
MARLILI CLEANING SI	MARLILI CLEANING SERVICES INC.			
	Firm/ Company			
9685 SUNNY ISLES CIE	• •			
	Address			
BOCA RATON, FL 3342	8			
	City/ State and Zip Code			
marthac@gqmservice.com				
E-mail address: (to be	used for future annual report notification)			
For further information concerning this matter, pl	ease call:			
MARTHA CELIS	561 715-5850 at ( )			
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made	de payable to the Florida Department of State:			
■ \$35 Filing Fee				
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

## MARLILI CLEANING SERVICES INC.

tenery meet that the transfer	Dept. of State)
per of Corporation (if known)	
this Florida Profit Corporat	ion adopts the following amendmen
<u>1:</u>	
	∠The new
or "Co". A professional co	ecorporated" or the abbreviation or poration name must contain the
N/A	26 S
	19 J
<del> </del>	
<del></del>	
N/A	1 C 2
<del></del>	
	<u></u>
address in Florida, enter th	e name of the
dress:	
da street address)	
	, Florida
(City)	(Zip Code)
ant.	
<u>rent:</u> liar with and accept the oblig	gations of the position.
	- •
`	
to Dominson J.A. 1961	
	ner of Corporation (if known) this Florida Profit Corporat  n:  ration, " "company," or "ir or "Co". A professional co ion "P.A."  N/A  N/A  Address in Florida, enter th dress:  (City)

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, nam 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 = Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each 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. To 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 Co Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:	e, carrea crea	is omin, or as an ma.	
X Change	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		N/A	
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			<del></del>
Remove			<del></del>
4)Change			
Add			
Remove			
51 Change			
Add			
Remove			
<del></del>			
6) Change		_	
Add			
Remove			

(Attach additional sheets, if necessary). (Be specific)
N/A
<del></del>
<u> </u>
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)
N/A
· · · · · · · · · · · · · · · · · · ·
· · · · · ·

•	06/14/2019	
The date of each amendment(s) a date this document was signed.	doption:	, if other th
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will n epartment of State's records.	ot be listed
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
06/14/201 Dated	9	
Signature	Padha Celis	
(By a c	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	MARTHA CELIS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	