P14000023196

(Re	questor's Name)	
(Ad	dress)	
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	<u> </u>	
(Cit	ry/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of	Status
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Special Instructions to	Filing Officer:	



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OCT 15 2018



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	MacDonald Clea ATION:	ner, Inc.	
DOCUMENT NUMB	ER: <u>P14000023196</u>		
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	oondence concerning this ma	tter to the following:	
,	Aziz Khan		
- !	MacDonald Cleaner, Inc.	Name of Contact P	erson
-	5001 S.W. 70 Street, Shop	Firm/ Compan o # C-103	у
- :	South Miami. FL: 33143	Address	
-		City/ State and Zip	Code
mac	donaldcleaner@gmail.cor	n	
	E-mail address:	(to be used for future a	nnual report notification)
For further information	concerning this matter, pleas	se call:	
Aziz Khan		at (305) 300-6872
Name o	f Contact Person		a Code & 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	□S43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certificate of Status
Amer Divis P.O.	ing Address adment Section ion of Corporations Box 6327 hassee, FL 32314	Ai Di Cl	reet Address mendment Section ivision of Corporations ifton Building 61 Executive Center Circle

Tallahassee, FL 32301

` 	Articles of Amendment	
,	to Articles of Incorporation	8
	of it	
	MALDAMALD CLES	NFR, IVC.
(Name of	f Corporation as currently filed with the Flo	orida Dept. of State)
	P140000231	9 Li
•	(Document Number of Corporation (if known	own)
rsuant to the provisions of section 607.1 Articles of Incorporation:	006, Florida Statutes, this Florida Profit Corp.	poration adopts the following amendment
If amending name, enter the new nar	me of the corporation:	
		The new
	ain the word "corporation," "company," or ution "Corp," "Inc," or "Co". A profession ion," or the abbreviation "P.A,"	
Enter new principal office address, if	f applicable:	
rincipal office address MUST BE A ST		
		· · · · · · · · · · · · · · · · · · ·
		
Enter new mailing address, if applic		
(Mailing address <u>MAY BE A POST O</u>	FFICE BOX)	
If amending the registered agent and new registered agent and/or the new	l/or registered office address in Florida, ent	er the name of the
	registered office address.	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	163	Florida
	(City)	(Zip Code)
ew Registered Agent's Signature, if ch.	anging Registered Agent	
nereby accept the appointment as registe	red 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)

Remove

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 De	<u>oe</u>				
X Remove	<u>V</u>	Mike Jo	ones				
X Add	<u>sv</u>	Sally St	mith				
Type of Action (Check One)	Title		<u>Name</u>			<u>Addres</u> s	
1) Change	<u>v.</u> f	<u> </u>	FARE	2 ANA	KHAN.	Gool S.W. 705+	
Add						#C-103	
X _Remove						South Miami. FL: 3314	13
2) Change							
Add							
Remove							
3) Change							
Add							
Remove							
4) Change		_					
Add							
Remove							
5) Change		_					
Add							
Rémove							
6) Change		_				•	
Add							

If amending or adding additional Art Attach additional sheets, if necessary).	(Be specific)	_		
				<u></u>
			_	<u>.</u>
	-		 •	
f an amendment provides for an excl	unge, reclassification,	or cancellation of is	sued shares,	
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not containe	d in the amendment	<u>itself:</u>	
				<u></u>
				
				· · ·

The date of each amendment(s) adoption: $8/9/20/8$, if other than the
date this document was signed. Effective date if applicable: 8/9/2018	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wil document's effective date on the Department of State's records.	1 not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by 2 VATES (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Mus C	
. Signature (By a director, president or other officer – if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
PRESIDENT.	
(Title of person signing)	