## P140000028453

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
<b>(</b> Bu	ısiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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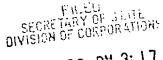
23/5

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

	RATION: POSSAMA		DRP		
DOCUMENT NUM	BER: 1 1400002040	<del></del>			
The enclosed Articles	of Amendment and fee are sul	omitted for filing.			
Please return all corre	spondence concerning this mat	ter to the following:			
	MARCIO OLIVEII	RA _			
		Name of Contact Person			
	POSSAMAI SERY	VICES CORP			
		Firm/ Company			
	896 SPRING CIR	SUITE 106			
		Address			
	DEERFIELD BEA	CH, FL 33441			
		City/ State and Zip Code	<u> </u>		
18.0		LIDANOE COM			
IN	FO@MATTOSINS				
	E-mail address: (to be us	ed for future annual report	notification)		
For further information	on concerning this matter, pleas	e call:			
MARCIO OLIVEIRA <u>at (</u> 561 <u>,</u> 723-2231					
Name of Contact Person Area Code & Daytime Telephone Numi			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			Address		
	nendment Section	Amendment Section			
	vision of Corporations  ). Box 6327		on of Corporations Building		
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle					
Tallahassee, FL 32314  Tallahassee, FL 32301					

## **Articles of Amendment** Articles of Incorporation



W 30 PH 3: 17

	15 JAN 30 TH 0
POSSAMAI SERVICES, CORP	Charles Done of State
(Name of Corporation as currently filed with the I	rioriga Dept. of State)
(Document Number of Corporation (	(if known)
ursuant to the provisions of section 607.1006, Florida Statutes, this s Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s
. If amending name, enter the new name of the corporation:  CARPET CLEANING S.FL INC	The new
ame must be distinguishable and contain the word "corporation Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc." or ord "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
. Enter new principal office address, if applicable:	896 SPRING CIR SUITE 106
Principal office address <u>MUST BE A STREET ADDRESS</u> )	DEERFIELD BEACH, FL 33441
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	896 SPRING CIR SUITE 106
	DEERFIELD BEACH, FL 33441
If amending the registered agent and/or registered office adding the registered agent and/or the new registered office address.	dress in Florida, enter the name of the
MARCIO OLIVI	
Name of New Registered Agent 896 SPRING C	
	traat addrassi
New Registered Office Address: DEERFIELD B	EACH , Florida 33441 (Zip Code)
(Cit)	v) (Zip Code)

I hereby accept the appointment as registered agent. I am familfar with and accept the obligations of the position.

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	<u>PT</u> .	John Doe			
X Remove	<u>v</u> .	Mike Jones			
X Add	<u>sv</u>	Sally Smith	·		
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s		
1) Change	<u>P</u>	SAMUEL POSSAMAI	751 CYPRESS LANE		
Add			APT F		
Remove			POMPANO BEACH, FL 3306		
2) Change	Р	MARCIO OLIVEIRA	896 SPRING CIR		
Add			SUITE 106		
Remove			DEERFIELD BCH, FL 3344		
3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change	_				
Add					
Remove					

ach <i>additional sheets</i> ,	, if necessary).	cles, enter change (Be specific)			
	<del></del> <del>_</del>				_
				7	_
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			<del></del>		_
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in amendment provi ovisions for implem	ides for an exch lenting the ame	ndment if not co	ition, or canceus Itained in the an	tion of issued sna lendment itself:	res,
Lif not applicable	indicate N/A)				
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SECRETARY OF STATE

SECRETARY OF STATE

DIVISION OF CORPORATIONS

if other than the

The date of each amendment(s)	adoption: 03/10/2015	DIVISION OF CO	if other than the
date this document was signed.		15 JAN 30	PN 3: 17
Effective date <u>if applicable</u> : 0	3/10/2015		
	(no more than 90 days o	nfter amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The numbe sufficient for approval.	r of votes east for the amendme	nt(s)
	pproved by the shareholders through vo for each voting group entitled to vote sep		ement
"The number of votes co	ist for the amendment(s) was/were suffic	ient for approval	
by	(voting group)		
	(voting group)		
The amendment(s) was/were a action was not required.	idopted by the board of directors withou	t shareholder action and shareho	older
The amendment(s) was/were a action was not required.	adopted by the incorporators without sha	reholder action and shareholder	
Dated_01/21/ Signature	Nouco kl		
(By selec	a director, president or other officer – if eted, by an incorporator – if in the hands pinted fiduciary by that fiduciary)		
	MARCIO OLIVEIRA		
	(Typed or printed t	name of person signing)	
	PRESIDENT		
	(Title of po	erson signing)	<del>-</del>