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Amend (CC)

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	LILI'S PROFESSIONAL HOME IMPROVEMENT AND CLEANING SERVICES INC
DOCUMENT NUMBER: P	14000062470

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Contact Person LILI'S PROFESSIONAL HOME IMPROVEMENT AND CLEANING SERVICES INC Firm/ Company 1403 MINK DRIVE Address

APOPKA, FL 32703

City/ State and Zip Code

LILISHOMEIMPROVEMENT@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LILIET PUP	0	at (407	, 300-4404
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for ☐ \$35 Filing Fee	the following amount made \$43.75 Filing Fee & Certificate of Status	payable to the Florida Dep \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Artment of State: \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

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 Articles of Incorporation

LILI'S PROFESSIONAL HOME IMPROVEMENT AND CLEANING SERVICES INC

(Document Number of Corporation	(if known)	
ursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	s Florida Profit Corporation adopts the following a	mendment(s
. If amending name, enter the new name of the corporation:		
		he new
ame must be distinguishable and contain the word "corporate Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or ord "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must con	reviation ntain the
. Enter new principal office address, if applicable:	1403 MINK DRIVE	
Principal office address <u>MUST BE A STREET ADDRESS</u>)	APOPKA, FL 32703	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1403 MINK DRIVE	
(Maining maines) (MAINING MAINING MAIN	APOPKA, FL 32703	
. If amending the registered agent and/or registered office ad		
new registered agent and/or the new registered office addre	55:	
Name of New Registered Agent	- 	14 OCT -3
(Florida s	treet address)	ယ်
New Registered Office Address:	, Florida	
(City	(Zip Code)	40.

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 Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally St	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	S		MIGUEL GONZALEZ	3502 JAMISON DRIVE
Add				APOPKA, FL 32703
Remove				
2) Change				ARRANGE
Add				
Remove				
3) Change		_		****
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific) WE WOULD LIKE TO ADD THE TAX ID TO THE CORPORATION SINCE AT THIS
MOMENT IT REFLECTS NONE. EIN# 47-1419780. THANK YOU
WOMENT IT REFLECTS NONE. EIN# 47-1419780. THANK 100

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)
(ij noi applicable, mateute tv.x.)

The date of each amendment(s) adoption: 09/30/2014	, if other than the
date this document was signed.	
Effective date if applicable: 09/30/2014	
(no more than 90 days after amendment file date)	
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" (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 09/30/2014	
Signature	
(By 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)	_
LILIET PUPO	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	_