P14000069205

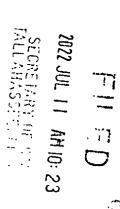
(R	equestor's Name)
(A	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	J. HORNE
	OCT 15 2022

Office Use Only



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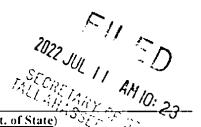
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: TRUEBA'S Cleaning Services INC
DOCUMENT NUMBER: <u>P140000 69 205</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Eugenio Fondan Name of Contact Person
Firm/ Company 15400 SW 284 ST UNIT 208 Address Homestead FL 33033 City/ State and Zip Code
Homestead FL 33033 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Eugenio Fondon at 305 884-3588 Name of Contact Person Area Code & Davtime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, Fl. 323142415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation



TRUEBAS CLEANING SERVICES INC (Name of Corporation as currently filed with the Florida Dept. of State

P14000069205

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the FONDON Cleaning	and refairs	Service INe The new
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "In "chartered," "professional association," or the abi	ic," or "Co". A professional e	
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET A		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE</u>)	<u>BOX</u>)	
D. If amending the registered agent and/or registered new registered agent and/or the new registered Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	(City)	, Florida
New Registered Agent's Signature, if changing F I hereby accept the appointment as registered agen		he obligations of the position.
Si_	gnature of New Registered Agent,	if changing

Check if applicable

 \square The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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>	<u>John De</u>	<u>nc</u>	
X Remove	<u>V</u>	Mike Jo	<u>mes</u>	
<u>X</u> Add	<u>sv</u>	Sally Sn	n <u>ith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
f) Change		_		
Add				
Remove				
2) Change		<u>.</u>		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

Auach <i>addilio</i>	or adding additional onal sheets, if necessa	ry). (Be specifi	c)			
						
						
 						
						
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f an amendn	ent provides for an	exchange, reclas	sification, or car	icellation of issue	ed shares.	
provisions fo	or impleme <u>nting the</u> plicable, indicate N/	amendment if no	nt contained in th	he amendment its	<u>self:</u>	
						

.

The date of each amendment(s) adoption: 04/86/2022 if other than
date this document was signed.
Effective date if applicable: 07/06/2037
(no mbre 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 will not be listed as document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ 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)
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)
Eugenid Fondon (Typed or printed name of person signing)
\sim 1 \sim 1
President.
(Title of person signing)