# P14000079671

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C. CARROTHERS

# **COVER LETTER**

Division of Corporations
NAME OF CORPORATION: Syccess (Jeaning Services Erro DOCUMENT NUMBER: P1400007 9671.
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Edilson Vaz dos Santos. Name of Contact Person
3848 Lyons Road # 303
Coconut Creek, CL 33073.  City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Edilson Vaz das Santo at aSU, 643 - 9524  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 Certificate of Status Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)

TO: Amendment Section

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		
Success Cleaning Ser	or NICES TAC.		
(Name of Corporation as currently filed with th	e Florida Dept. of State)		
914000079671			
(Document Number of Corporation	n (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	his Florida Profit Corporation a	adopts the following ar	mendment(s) to
A. If amending name, enter the new name of the corporation:			
			he new
name must be distinguishable and contain the word "corpore "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," o word "chartered," "professional association," or the abbreviation.  B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	or "Co". A professio <mark>nal corpo</mark>	porated" or the abbraration name missiscon	The state of the s
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office adds  Name of New Registered Agent		ame of the	
		<del></del>	
(Florida	a street address)	<del>-</del>	
New Registered Office Address:	Florid	.ia	
((	Tity)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Ag I hereby accept the appointment as registered agent. I am famili	ent: iar with and accept the obligation	ons of the position.	

- A

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> <u>John I</u>	Doe	
X Remove	V <u>Mike</u>	<u>Jones</u>	
<u>X</u> Add	<u>SV</u> <u>Sally</u> S	<u>Smith</u>	
Type of Action (Check One)  1) Change Add	Title  VP	Edilson Vaz des Santes.	3848 Lyons Road #303. Coconut creek, Pa 33073.
Remove  2) Change Add			
Remove 3) Change Add Remove			
4) Change Add Remove	<del></del>	•	
5) Change Add Remove			
6) Change Add Remove	<del></del> .		

If amending or adding additional Arti Attach <i>additional sheets, if necessary).</i>	(Be specific)	
- 14 18 - 18 18 18 18 18 18 18 18 18 18 18 18 18 18 18 18 18 18 18		-
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		-y-++ <del></del>
f an amendment provides for an eych	ange, reclassification, or cancellation of issued sha	rac
provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:	1635
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-		<del></del>
	N 18 1	

intertal	
The date of each amendment(s) adoption:  date this document was signed.  Effective date if applicable:	, if other than the
Effective date if applicable: (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 by the shareholders was/were sufficient for approval.	(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	ient
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and sharehold action was not required.  The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder	ler
Dated 12/23/14	
Signature (B) (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 co-appointed fiduciary by that fiduciary)	
Collson Vaz dos Santos (Typed or printed name of person signing)	
(Title of person signing)	