P1500009387

(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number	
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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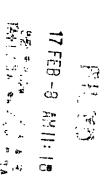
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FEB 09 2017 R. WHITE





FLORIDA DEPARTMENT OF STATE Division of Corporations

January 25, 2017

MARCOS R PINEDA 7270 W POINTE BLVD APT 929 ORLANDO, FL 32835

SUBJECT: MOCCHI CLEANING CORP

Ref. Number: P15000009287

We have received your document for MOCCHI CLEANING CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II

Letter Number: 217A00001591

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORA	TION: MOCCHI CLEAN	ING CORP	· · · · · · · · · · · · · · · · · · ·		
DOCUMENT NUMBE	R: P15000009287				
The enclosed Articles of	Amendment and fee are su	bmitted for filing.			
Please return all correspondent	ondence concerning this ma	tter to the following:			
N	MARCOS R. PINEDA				
_		Name of Contact Persor	1		
N	10CCHI CLEANING COR	P			
_		Firm/ Company			
7	270 WEST POINTE BLVD	APT 929			
	Address				
C	RLANDO, FL. 32835				
_		City/ State and Zip Code	9		
magaly	nfms@gmail.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
MARCOS R. PINEDA		at (967-6448		
Name of	Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	urtment 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)		
Amen Divisi P.O. I	ng Address dment Section on of Corporations Box 6327 passee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle		

Tallahassee, FL 32301

PH. YM

Articles of Amendment to Articles of Incorporation of

17 FEB -8 AHII: 18 The late was a series

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the Florida Dept. of State)
n (if known)
ofit Corporation adopts the following amendment(s)
The new
any," or "incorporated" or the abbreviation ofessional corporation name must contain the
ida, enter the name of the
, Florida
(Zip Code)

address of each Officer a (Attach additional sheets, Please note the officer/dir P = President; V = Vice i Executive Officer; CFO = held. President, Treasures Changes should be noted	and/or D if necess rector titl President = Chief I r, Directo in the fol ves the c	irector being added: ary) by the first letter of the office title: The Treasurer; S= Secretary; D= 1 Financial Officer. If an officer/director would be PTD. Howing manner. Currently John Docorporation, Sally Smith is named the	Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief tor holds more than one title, list the first letter of each office is listed as the PST and Mike Jones is listed as the V. There is V and S. These should be noted as John Doe, PT as a Change,
X Change	PT	John Doe	
X Remove	<u>Y</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			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			·
Add			
Remove			· · · · · · · · · · · · · · · · · · ·
4) Change			
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	vides for an exch	ange, reclassificat	tion, or cancellatio	n of issued shares	
n amendment prov		ndment if not con-	tained in the amen	dment itself:	-
rovisions for imple	menting the amer	Hamter II HAT CAME		Willest House	
n amendment promovisions for imple (if not applicable	menting the amer , indicate N/A)	THE THE PARTY OF T		MILITARY RESIDENT	
rovisions for imple	menting the amei , indicate N/A)				
rovisions for imple	menting the amei , indicate N/A)	A CONTRACTOR OF THE CONTRACTOR		<u> </u>	
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The date of each amendment(s) adoption:	if other than the
date this document was signed.	
Effective date if applicable:	
(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 document's effective date on the Department of State's records.	will 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" (voting group)	
(vonng 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 01/20/2017	
Signature	
(By a director, president or officer—indirectors or officers have not been selected, by an incorporator—with the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary	
appointment that the state of t	
(Typed or printed name of person signing)	-
President	
(Title of person signing)	· ·