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SECRETARY OF STATE DIVISION OF GERPORATIONS

Anund 103/9/15

COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: Sunshine	Leaners of Lantana Inc.
DOCUMENT NUMBER: PIS 0000123	a5
The enclosed Articles of Amendment and fee are submitted for	or filing.
Please return all correspondence concerning this matter to the	following:
HAS, INC d/b/a 5702 Lake	of Contact Person Copprate Accounting Geoup The Company Worth Road, Suite 6 Address S. FL 33463 tale and Zip Code Cast. net ure annual report notification)
For further information concerning this matter, please call:	
Evelyn Hami LTON Name of Contact Person	at (56) 642-9982 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to	the Florida Department of State:
Certificate of Status Certi	75 Filing Fee & Status fied Copy Certificate of Status tional copy is Certified Copy ssed) (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 to Articles of Incorporation of

(Name of Corporation as currently filed with the Flor	ida Dept. of State)
Sunshine Cleaners of Lant	ana INC. 15000
(Document Number of Corporation (if ki	nown) (2325
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flo</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	AThe new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co word "chartered," "professional association," or the abbreviation "P.2	". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A NISION SECRET
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the
Name of New Registered Agent	A ====================================
(Florida street	address)
New Registered Office Address: (City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	h and accept the obligations of the position.
Signature of New Registered Age	ent, 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</u>	Doe	
X Remove	V Mike	Jones	
X Add	SV Sally	Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change Add Remove	<u>S</u>	ENRIQUE Chery	Res 6169 S. Jog Road, Swite Lake WORTH FL 3346
2) Change	P	Claudia Benitez	6/69 S. Jog Road, Suite A Lake Worth, FL 33467
Remove 3) Change Add			
Remove 4) Change Add			
Remove 5) Change Add Remove			
6) Change			
l Remove			

If amending or adding additional Art (Attach additional sheets, if necessary).	(Be specific)
•	AIA
	'' D
	·
If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
	$N \mid \Delta$
	

The date of each amendment(s) adoption: date this document was signed. Effective date if applicable: February 6, 2015 Control of the date of each amendment(s) adoption: February 6, 2015	, if other than the
(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 staten must be separately provided for each voting group entitled to vote separately on the amendment(s):	nent
"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	der
action was not required. Dated February 6, 2015	
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 co appointed fiduciary by that fiduciary)	
Evrique Cherres (Typed or printed name of person signing)	
Secretary	
(Title of person signing)	