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(Ad	ldress)		
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(Cit	ty/State/Zip/Phone	#)	
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(Bu	usiness Entity Nam	e)	
(Do	ocument Number)		
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SCORE JANK OF STATE

TALLAHASSEE, FLORID

APR 13 2015

R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

	TION: SHALOM PION: $\frac{\text{P15000029}}{\text{R}}$		LEANING INC	
The enclosed Articles of	Amendment and fee are su	bmitted for filing.		
Please return all correspo	ondence concerning this ma	tter to the following:		
N	IICHOLAS FA	NELLA		
<u> </u>	ROFESSION			_
4	34 TANGLEV	Firm/ Company VOOD DR		_
F	T WALTON E	SEACH FL 32	547	
		City/ State and Zip Cod	e	-
NFA	NELLA@CO			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information c	oncerning this matter, pleas	se call:		
NICHOLAS	FANELLA	at (850	, 862-7131	
Name of	Contact Person	Area Co	de & Daytime Telephone Numbe	er
Enclosed is a check for the following amount made payable to the Florida Department 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)	

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** of

15 APR -8 PM 1:25

SHALOM PROFESSIONAL CLEANING INC

(Name of Corporation as currently filed with the Florida Dept. of State)

SECRETARY WE STATE FALLAHASSEE, FLORIDA

P15000029944		₩ PL	
	(Document Number of Corporation (if known)		

ent(s) to

	the corporation: NAL CLEANING S		
e must be distinguishable and contain the rp.," "Inc.," or Co.," or the designation " d "chartered." "professional association," o	'Corp," "Inc," or "Co". A profe	s," or "incorpore ssional corporati	ated" or the abb ion name must co
inter new principal office address, if appli acipal office address <u>MUST BE A STREET</u>			
		7.6	
Enter new mailing address, if applicable:			
Mailing address MAY RF A POST OFFIC	F ROY)		
Mailing address <u>MAY BE A POST OFFIC</u>	<u>E BOX</u>)		
Mailing address <u>MAY BE A POST OFFIC</u>	<u>E BOX</u>)		
famending the registered agent and/or re	gistered office address in Florida	, enter the name	of the
amending the registered agent and/or re	gistered office address in Florida tered office address:		of the
f amending the registered agent and/or re new registered agent and/or the new regist	gistered office address in Florida ered office address:		of the
f amending the registered agent and/or re new registered agent and/or the new regist	gistered office address in Florida lered office address: (Florida street address)		of the

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:	, una sai	iy Simin, Si da dir Add.	
X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Remove			
2) Change			4.
∐_ Add			
Remove 3) Change			
Add			
Remove			
4) Change		_	
Add Remove			
5) Change Add			
Remove			
6) Change			
Add			
Remove			

			-
f an amendment provides for an exchang	, reclassification, or canc	cellation of issued shar	res,
provisions for implementing the amenda (if not applicable, indicate N/A)	nt if not contained in the	e amendment itself:	
(tj noi applicable, malcale WA)			
	-		

date this document was signed.	ption:	, if other than th
Effective date if applicable:		
<u></u>	(no more than 90 days after amendment fite date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopt by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.	
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
_	(voting group)	
The amendment(s) was/were adopt action was not required.	ted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopt action was not required.	ted by the incorporators without shareholder action and shareholder	
Dated APRIL 3,	2015	
Signature 🗸 👤		
selected,	by an incorporator – if in the hands of a receiver, trustee, or other court diduction by that fiductions by that fiductions of a receiver by that fiductions by the fiductions of a receiver b	
Д	MERICA ANDREA ROMERO-SEGURA	
_	(Typed or printed name of person signing)	
P	RESIDENT	
_	(Title of person signing)	