(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: COPA Cleaning WC DOCUMENT NUMBER: P1500060501
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Laila A. Sabry Name of Contact Person
30910 Westridge Ter
Sorrento, FL 32776 City/State and Zip Code
,
Lailao Carabia a mail. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Laila A. Sabry at (407) 908-8535 Name of Contact Person Area Code & Daytime 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 Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) 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 to

Articles of	Incorporation
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	Articles of Incorporation	SETSETARY I SULLE
/ - N	of	DIVES NEGATIONERS (1996)
opa (lean		15 SEP 10 PM 12: 18
(Name of the contract of the c	Corporation as currently filed with the	Florida Dept. of State)
P 1500C	0060501	
	(Document Number of Corporation (ii	Cknown)
Pursuant to the provisions of section 607.10 ts Articles of Incorporation:	06, Florida Statutes, this <i>Florida Profit</i> (Corporation adopts the following amendment(s)
A. If amending name, enter the new nam	e of the corporation:	
		The new
name must be distinguishable and contai "Corp.," "Inc.," or Co.," or the designati word "chartered," "professional associatio	ion "Corp," "Inc," or "Co". A profes.	
B. Enter new principal office address, if	applicable:	
Principal office address <u>MUST BE A STR</u>	(EET ADDRESS)	
	T 5	
C. Enter new mailing address, if applica		
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF		
(Mailing address MAY BE A POST OF	or registered office address in Florida,	enter the name of the
(Mailing address <u>MAY BE A POST OF</u>	or registered office address in Florida,	enter the name of the
(Mailing address MAY BE A POST OF	or registered office address in Florida,	enter the name of the
(Mailing address MAY BE A POST OF). If amending the registered agent and/ new registered agent and/or the new i	or registered office address in Florida,	enter the name of the
(Mailing address MAY BE A POST OF). If amending the registered agent and/ new registered agent and/or the new i	or registered office address in Florida,	enter the name of the
(Mailing address MAY BE A POST OF). If amending the registered agent and/ new registered agent and/or the new i	or registered office address in Florida, registered office address:	enter the name 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: X Change	PT	John Doe	<u>!</u>			
X Remove	<u>V</u>	Mike Jor	es			
X Add	<u>sv</u>	Sally Sm	<u>ith</u>			
Type of Action (Check One)	<u>Title</u>		<u>Name</u>			Address
1) Change	P	_	Steph	en 6.	MCNie	
Add						30910 Westridge To Sorrento FL 32776
2) X Change	VP TO	- sident	Laila	Sabry		30910 Westridge Te Socrento FL 32776
Remove	Pre	Slawn				
3) Change	<u>. </u>	_			 .	
Add Remove						
4) Change						
Add						
5) Change						
Add Remove						
6) Change						
Add						
Remove						

uach <i>aaailiond</i>	adding additional Articles, enter change(s) here: al sheets, if necessary). (Be specific)		
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	1 / n		
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		adan attimus dan ana	
<u>provisions for</u>	nt provides for an exchange, reclassification, or cancell implementing the amendment if not contained in the articable, indicate N/A)	mendment itself:	
(ij noi uppi	icume, maicute wiri		
			·
			<u> </u>
	N/A		

The date of each amendment(s) adop	otion: 8-12-15	, if other than the
date this document was signed. Effective date if applicable:	8-12-15	SECRETARY TO SINGLE OF THE SECRETARY
Elective date il applicable.	8-12-15 (no more than 90 days after amendment	file date) 15 SEP 10 PH 12: 18
Note: If the date inserted in this bloc document's effective date on the Depart	ck does not meet the applicable statutory filing requestion of State's records.	juirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders was/were suffice.	ed by the shareholders. The number of votes cast for ient for approval.	or the amendment(s)
	ved by the shareholders through voting groups. The ch voting group entitled to vote separately on the a	
	the amendment(s) was/were sufficient for approval	
by	(voting group)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	(voting group)	
☐ The amendment(s) was/were adopte action was not required.	ed by the board of directors without shareholder act	ion and shareholder
The amendment(s) was/were adopte action was not required.	ed by the incorporators without shareholder action a	und shareholder
DatedSignature	8-112-15 Laily Salxy	
/(By a dire	ctor, president or other officer – if directors or office by an incorporator – if in the hands of a receiver, tree	ers have not been
	fiduciary by that fiduciary)	asice, or other court
	Laila A. Sabry	
	(Typed or printed name of person signing)	
	VP	
	(Title of person signing)	