PISCOCO70561

(Re	questor's Name)	
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Estates

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: TOP TIER CLEAN	VING SERVICES INC	
DOCUMENT NUME	ER: p15000070561		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	ЛМ КЕМТ		
,		Name of Contact Person	1
	KENTCO		
•		Firm/ Company	
	12030 SW 129TH CT STE 1	04	
		Address	
	MIAMI FL 33186		
		City/ State and Zip Code	e
JIM@	JIMKENT.COM		
		ed for future annual report	notification)
		•	
For further information	concerning this matter, pleas	e call:	
JIM KENT		at (3857998
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	payable to the Florida Depa	artment 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)
Ame Divi P.O.	ing Address ndment Section sion of Corporations Box 6327 thassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section In of Corporations Building Executive Center Circle Essee, FL 32301

Articles of Amendment to Articles of Incorporation of

TOP TIER CLEANING SERVICES INC

TOT THE CLEANING SERVICES INC		(C) 1 (1) (T) (1) (C) (A)		
P15000070561	of Corporation as current	y filed with the Florida Dept. of State)		
11300070301	(Document Number o	f Corporation (if known)	<u> </u>	
Pursuant to the provisions of section 607. its Articles of Incorporation:	·	Florida Profit Corporation adopts the follow	ring amend	lment(s) to
A. If amending name, enter the new na	me of the corporation:		20	261
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associat	ation "Corp," "Inc," or "	n," "company," or "incorporated" or the Co". A professional corporation name mus	Then abbreviati t contain	iot= the-
B. Enter new principal office address,		N/A	59	_
(Principal office address <u>MUST BE A ST</u>	TREET ADDRESS)		S 57 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	7: ,
			∰ (F) (F)	ີ່.
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A		-
		-	-	_
D. If amending the registered agent and new registered agent and/or the new	d/or registered office addr v registered office address	ess in Florida, enter the name of the		
Name of New Registered Agent	N/A	· · · · · · · · · · · · · · · · · · ·		
			_	
	(Florida stre N/A			
New Registered Office Address:		, Florida (City) (Zip	Code)	-
New Registered Agent's Signature, if ch I hereby accept the appointment as registe		vith and accept the obligations of the position.	·	
	Signature of New Re	egistered 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>	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jor	<u>nes</u>	
X Add	<u>sv</u>	Sally Sm	<u>sith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	D		OLGA COROMINA	1543 SE 25 ST
X Add		_		UNIT 207
Remove				HOMESTEAD FL 33035
2) Change				
Add				
Remove				
3) Change			·	
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change			 	
Add				
Remove				

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
N/A	
	
F. If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
N/A	
	·

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 document's effective date on the Department of State's records.	date 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 by the shareholders was/were sufficient for approval.	t(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following states 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)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and sharehold action was not required.	der
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
JUNE 21, 2016 Dated	
Signature Medins Welino	
(By a director, president or other officer - if directors or officers have not been	1
selected, by an incorporator — if in the hands of a receiver, trustee, or other cou appointed fiduciary by that fiduciary)	ırt
MEILING AVELINO	
(Typed or printed name of person signing)	
President	
(Title of person signing)	