## P15000094488

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Amend

AUG 17 2017

I ALBRITTON

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: MAK CLEANING	SERVICES COPR	
DOCUMENT NUMI			
The enclosed Articles	of Amendment and fee are st	abmitted for filing.	
Please return all corres	spondence concerning this ma	atter to the following:	
	MICHELLY PASSOS		
		Name of Contact Pers	son
	CAMPANA GROUPS INC.		
		Firm/ Company	
	15510 ASPEN HILLS LANI		
		Address	
	CHARLOTTE, NC 28277	71001035	
		City/ State and Zip Co	ode
MICI	IELLY@CAMPANAGROU	PS.COM	
	•	sed for future annual repo	rt notification)
For further information	concerning this matter, pleas	se call:	
MICHELLY@CAMP.	ANAGROUPS.COM	at (	228-0706
Name o	f Contact Person		Code & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida De	partment 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		Amer Divis Clifto	t Address  Indiment Section  ion of Corporations  In Building  Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

MAK CLEANING SERVICES CORP

WAR CLEAMING SERVICES CORE	
(Name of Corporation a	s currently filed with the Florida Dept. of State)
P1500096688	
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpor	ration:
	The new
	corporation," "company," or "incorporated" or the abbreviation Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES	<u></u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  D. If amending the registered agent and/or registered of	ffice address in Florida, enter the name of the
new registered agent and/or the new registered offic	e address:
Name of New Registered Agent	<del></del>
(	Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	familiar with and accept the obligations of the position.
Signature	of New Registered 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.

X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	P	AMY COLOMBO	200 NW 40TH CT
Add			РОМРАНО ВЕАСН
X Remove			FL - 33064
2) X Change	Р	MARTA DE OLIVEIRA	1256 S. MILITARY TRAIL # 916
Add			DEERFIELD BEACH, FL 33442
Remove			
3)Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add	_		
Remove			

Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)	
		· · · · · · · · · · · · · · · · · · ·
		- ··
		• • • • • • • • • • • • • • • • • • • •
	<del>-</del>	
f an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,	
provisions for implementing the ame	endment if not contained in the amendment itself:	
(if not applicable, indicate 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, document's effective date on the Department of State's records.	, this 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 amen by the shareholders was/were sufficient for approval.	idment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	
"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 sha action was not required.	ıreholder
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	older
08/04/2017 Dated	
Signature Marta de Chirira	
(By a director, president or other officer – if directors or officers have no selected, by an incorporator – if in the hands of a receiver, trustee, or oth appointed fiduciary by that fiduciary)	
MARTA DE OLIVEIRA	
(Typed or printed name of person signing)	<del></del>
PRESIDENT	
(Title of person signing)	