P15000101590

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: INT CLEANING S	SERVICES AND PRODU	ICTS :)
	BER: P15000101590			
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.		*.
Please return all corre	spondence concerning this ma	tter to the following:		
	NANDY VELASQUEZ			
		Name of Contact Perso	on	
	INT CLEANING SERVICES	S AND PRODUCTS		
		Firm/ Company		
	1217 SOUTH E STREET			
		Address	-	
	LAKE WORTH FLORIDA	33460		
		City/ State and Zip Coo	de	
NAN	DY986@GMAIL.COM			
INAIN	_	sed for future annual repor	t notification)	
	12 man address, (to be de	sed for future annual repor	t notification)	
For further informatio	n concerning this matter, pleas	se call:		
NANDY VELASQUI	EZ	561	396-5032	
Name of Contact Person		Area Co	ode & Daytime Telephone Number	
Enclosed is a check for	r the following amount made	payable to the Florida Dep	partment of State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status	
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

INT CELANING SERVICES AND PRODUCTS

(<u>Name</u>	of Corporation as current	y filed with the Florida Dept. of State)	. ()	
P15000101590			?	
	(Document Number o	f Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation adopts the fo	ollowing amendme	
A. If amending name, enter the new n	ame of the corporation:			
NA			The new	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	n," "company," or "incorporated" or "Co". A professional corporation name 'P.A."	the abbreviation	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		1217 SOUTH E STREET		
		LAKE WORTH FLORIDA 33460		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1217 SOUTH E STREET	_	
		LAKE WORTH FL 33460		
D. If amending the registered agent an new registered agent and/or the ne				
Name of New Registered Agent	NANDY VELASQUEZ			
<u> </u>	1217 SOUTH E STREET			
	(Florida str	eet address)		
New Registered Office Address:	LAKE WORTH	Florida 33	i460	
		(City)	(Zip Code)	
New Registered Agent's Signature, if c		: vith and accept the obligations of the pos	sition.	
	Signature of New R	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, a 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 = Cl Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each officer. 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. Thera change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Chan Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change			
Add Remove			
2) Change		_	
Add			
Remove			
3) Change			
Add Remove			
4) Change			
Add			
Remove			
5) Change			
Add Remove			
б) Change			
Add			
Remove			

I/A	nal sheets, if necessu	*> (** - al-x - a-a)			
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16					
nrovisions fo	ent provides for an or implementing the a	exchange, reclassing amendment if not co	cation, or cancella	tion of issued share	<u>s.</u>
p. 0 / 1510113 10	plicable, indicate N/A	1)	muned in the am	enument riseri.	
(if not ap					
	- .				
			<u></u>		
(if not ap					

• • •	06/12/2019		
The date of each amendment(s) a date this document was signed.	doption:		, if other that
	12/2019		
Effective date <u>if applicable</u> :	(no more than 9	() days after amendment file dat	e)
Note: If the date inserted in this document's effective date on the D		able statutory filing requirement	nts, this date will not be listed a
Adoption of Amendment(s)	(CHECK ONE)		
■ The amendment(s) was/were ad by the shareholders was/were s	•	number of votes cast for the an	nendment(s)
☐ The amendment(s) was/were ap must be separately provided fo		ough voting groups. The following water separately on the amendment	
"The number of votes cas	for the amendment(s) was/wer	e sufficient for approval	
by			
	(voting group)		
The amendment(s) was/were ad action was not required.	opted by the board of directors	without shareholder action and	shareholder
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators with	out shareholder action and share	eholder
06/12/201 Dated	9		
Signature A			
(By a selecte		er – if directors or officers have to hands of a receiver, trustee, or	
	NANDY VELASQUEZ		
	(Typed or printed r	name of person signing)	
	PRESIDENT		
	(Title o	of person signing)	

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