## P1600020282

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AND CONTRACTOR OF THE STATE OF

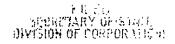
**SEP 3 0 2016 C LEWIS** 

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: BNZ Cleaning &	Property Services Inc.		
DOCUMENT NUM	P16000020282			
The enclosed Articles	of Amendment and fee are su	ubmitted for filing.		
Please return all corre	spondence concerning this ma	atter to the following:		
	Zachary Staron			
		Name of Contact Person		
	BNZ Cleaning & Property S	ervices Inc.		
		Firm/ Company		
	2720 16th AVE SE			
		Address		
	Naples, FL 34117			
	<del></del>	City/ State and Zip Code	· · · · · · · · · · · · · · · · · · ·	
RN7	Cleaning@gmail.com			
		sed for future annual report	notification)	
	D man address. (10 be a	sea for future annual report	notification)	
For further informatio	n concerning this matter, plea	se call:		
Nicole Voiles		at (239	4652025	
Name of Contact Person		Area Code & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	rtment of State:	
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	■\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Amo Divi P.O.	iling Address endment Section ision of Corporations Box 6327 ahassee, FL 32314	Amenda Division Clifton	Address ment Section n of Corporations Building secutive Center Circle	

Tallahassee, FL 32301



## Articles of Amendment to Articles of Incorporation of

2016 SEP 26 PM 2: 59

(Name	of Corporation as current	y filed with the Florida Dept. of State)
P16000020282		
	(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 following amendment(s
A. If amending name, enter the new na	ame of the corporation:	
N/A		The new
	nation "Corp," "Inc," or '	n," "company," or "incorporated" or the abbreviation 'Co". A professional corporation name must contain the
B. Enter new principal office address,	if applicable:	N/A
Principal office address <u>MUST BE A S</u>		
		<del></del>
C. Enter new mailing address, if appl	icable:	NI/A
(Mailing address MAY BE A POST	OFFICE BOX)	N/A
D. If amending the registered agent an		
new registered agent and/or the ne		<u>:</u>
Name of New Registered Agent	Nicole Voiles	
	(Florida str	eet address)
New Registered Office Address:	N/A	. Florida
		(City) (Zip Code)
New Registered Agent's Signature, if c	hanging Registered Agent tered agent   Lam familiar :	<u>:</u> with and accept the obligations of the position.
weres, accept the appending as region	erou agom. I am jammar	with and accept the congunous of the position.
· 1	1 000	
	colo Vollo	
	Signature of New I	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.

Example: X Change	<u>PT</u>	John Do	<u>e</u>				
X Remove	<u>v</u>	Mike Jo	nes				
X Add	<u>sv</u>	Sally Sn	Sally Smith				
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s			
1)Change	sv	_	Nicole Voiles	2720 16th AVE SE			
XAdd				Naples, FL 34117			
Remove							
2) Change		_		•			
Add				**************************************			
Remove							
3) Change		<del></del>					
Add							
Remove							
4) Change		_					
Add							
Remove							
5) Change		_					
Add							
Remove							
6) Change							
Add		<del>_</del>					
Remove							

<b>A</b>	additional she	ets, if necessary)	(Be specific)	)			
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provisi	<u>ions for imple</u>	ovides for an exc ementing the am e, indicate N/A)	hange, reclassi endment if not	ification, or ca contained in t	ncellation of is the amendment	sued shares, titself:	
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FILED SECRETARY OF STAIL HYDSON OF CORPORATION

9/20/2016 The date of each amendment(s) adoption: date this document was signed. 9/20/2016 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 date will not be listed as the document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE) ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval. ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): "The number of votes cast for the amendment(s) was/were sufficient for approval (voting group) ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. 9/20/2016 Dated Signature (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) Zachary Staron (Typed or printed name of person signing) President & Director (Title of person signing)