P1600024523

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COVER LETTER

		COVERTER		
TO: Amendment Section Division of Corporations				
NAME OF CORDOR ATTON	PROFESS	IONAL JANITOR SOLU	TIONS, INC	
	RPORATION: P16000024523			
The enclosed Articles of Amer				
Please return all corresponden				
,	·	CAMPO, MAYELIN		
			<u> </u>	
		Name of Contact Persor	1	
		Firm/ Company		
		261 BRÓWARD AVE		
		Address		
		GREENACRES, FL 334	63	
		City/ State and Zip Cod	······································	
	anitor17@hotmail.com			
15-	mail address; (to be us	sed for future annual report	notification)	
For further information concer	rning this matter, pleas	se call:	·	
CAMPO, MAYELIN		at (720-4661	
Name of Cont	Name of Contact Person		de & Daytime Telephone Number	
Enclosed is a check for the fol	Howing amount made	payable to the Florida Dep	artment of State:	
	\$43.75 Filing Fee & Certificate of Status	☐S43.75 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		Ameno Divisio Cliftor 2661 I	Address Ilment Section on of Corporations i Building Executive Center Circle assec, FL 32301	

Articles of Amendment Articles of Incorporation \mathbf{of}



PROFESSIONAL JANITOR SOLUTIONS, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P16000024523

mt(s) to

(Doc	ument Number of C	'orporation (if known)		
Pursuant to the provisions of section 607,1006, Flori its Articles of Incorporation:	ida Statutes, this FI	orida Profit Corporatio	n adopts the fe	dlowing amendme
A. If amending name, enter the new name of the	corporation:			
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Cor word "chartered," "professional association," or th	rp. " "Inc, " or "Ce	o". A professional corp	orporated" or oration name	The new the abbreviation must contain the
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET AL</u>				
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE B</u>	<u>80X</u>)			
D. If amending the registered agent and/or regist new registered agent and/or the new registered	tered office addres	s in Florida, enter the	name of the	
Name of New Registered Agent				
	(Florida street	address)	-	
New Registered Office Address:	<i>tC</i>	iņ»	Fforida	(Zip Code)
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.		h and accept the obligat	ions of the pos	ition
Sig	gnature of New Reg.	istered Agent, if changin	<u> </u>	

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:

tAttach additional sheets, if necessary)

Example:

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= Chairmon 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.

<u>X</u> Change	<u>PT</u>	<u>John Doc</u>				
X Remove	\underline{V}	Mike Jones				
<u>X</u> Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	Title	<u>Name</u>	Address			
1) Change	P	BRITO, MAIKEL	261 BROWARD AVE			
Add _XRemove			GREENACRES, FL 33463			
2) X Change	VP	CAMPO, MAYELIN	261 BROWARD AVE			
Add			GREENACRES, FL 33463			
Remove	P	CAMPO, MAYELIN	261 BROWARD AVE			
Add Remove			GREENACRES, FL 33463			
4) Change		YASMANY CRUZ CAMPO	261 BROWARD AVE			
Add Remove			GREENACRES, FL 33463			
51 Change						
Add						
Remove						
6) Change						
Add						
Remove						

Attach <i>additional sheets, if n</i> e	tional Articles, enter cessary). (Be speci)	fic)		
<u> </u>				
· · · · · · · · · · · · · · · · · · ·	-			
			<u> </u>	
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-				
			_	
		-		
f an amendment provides for provisions for implementing	or an exchange, recla	ssification, or cance	Hation of issued share	<u> </u>
(if not applicable, indica	ite NA)	or committee in the	amendarensen.	
-				-
			· · · · · · · · · · · · · · · · · · ·	
				
			 .	

	08/28/2017	
The date of each amendment(s) a	idoption:	, if other than the
date this document was signed.		
	05/2017	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date epartment of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were ad by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(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 without shareholder action and shareholder	
08/28/201 Dated	7	
Signature		
(By a c selecti	director, president or other officer – if directors or officers have not been edby an incorporator – if in the hands of a receiver, trustee, or other court ited fiduciary by that fiduciary)	
	CAMPO, MAYELIN	
	(Typed or printed name of person signing)	
	VICE PRESIDENT	
	(Title of person signing)	