P160000 30870

| (Requestor's Name) | | | |
|---|--|--|--|
| (Address) | | | |
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| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT MAIL | | | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
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C. GOLDEN AUG 2 9 2019

COVER LETTER

| Division of Corp | orations . |
|--|---|
| NAME OF CORPORATION O | RATION: AMBASSAMOR CLEGNERS & ALTERATIONS, ING |
| | of Amendment and fee are submitted for filing. |
| Please return all corre | espondence concerning this matter to the following: |
| | ARTHUR MAGGOS Name of Contact Person AMBASSADOR (CLEANERS) ET AUTERATIONS Firm/ Company GO71 SE FEDERA H-WY Address STUART, PL 34997 City/ State and Zip Code Ambass DC O Concast Nex E-mail address: (to be used for future annual report notification) |
| For further informatio | on concerning this matter, please call: |
| ARTHUR | MAGGID at (SG) 254 - GG 79 of Contact Person Area Code & Daytime Telephone Number |
| | or the following amount made payable to the Florida Department of State: |
| ☐ \$35 Filing Fee | □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) |
| | |

Mailing Address

TO: Amendment Section

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

| • | | |
|---|---|--|
| | • | Α. |
| | Articles of Amendment | 2. |
| | to Articles of Incorporation | ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ |
| | of | |
| AMBASSADOR Clean | ers & ALTERATION | C INC P. |
| | poration as currently filed with the Florid | |
| \ <u></u> | 7 160030870 | Sa Dept. of Mate |
| | Document Number of Corporation (if known | n) |
| rsuant to the provisions of section 607,1006, Articles of Incorporation: | Florida Statutes, this Florida Profit Corpore | ation adopts the following amendment(s |
| If amending name, enter the new name of | the corporation: | |
| | | The new |
| one must be distinguishable and contain the community of the designation or Co." or the designation or Co." chartered," "professional association," | "Corp," "Inc," or "Co". A professional c | incorporated" or the abbreviation |
| Enter new principal office address, if app | | |
| incipal office address <u>MUST BE A STREE</u> | <u>TADDRESS</u>) | ·- |
| | · · · · | |
| | <u>·</u> | |
| Enter new mailing address, if applicable: | 1 | |
| (Mailing address MAY BE A POST OFFIC | | |
| | | |
| | | ' . |
| | | |
| If amending the registered agent and/or re | egistered office address in Florida, enter t | the name of the |
| new registered agent and/or the new regis | | ne name of the |
| Name of New Registered Agent | | |
| Name of New Registered Agent | | |
| | | |
| | (Florida street address) | |
| New Registered Office Address: | | Florida |
| | (City) | (Zip Code) |
| New Registered Office Address: | (City) | Florida(Zip Code) |
| ew Registered Agent's Signature, if changin | g Registered Agent: | |
| ereby accept the appointment as registered as | gent. I am familiar with and accept the obli | igations of the position. |
| | | |
| | | |
| - | Signature of New Registered Agent, if char | noina |
| | - 518/1000 c oj oven ragioteren agem, ij cam | ignig |

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.

| Mike Jones, V as Remov | | th, SV as an Add. | |
|----------------------------|------------------|-------------------|---|
| Example: X Change | PT John | Doc | |
| X Remove | V Mike | 2 Jones | · |
| X Add | SV Sally | <u>y Smith</u> | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | Address |
| 1) Change | OD-VT | - ARTHUR MAGGIO | 168 LAURE Oaks CIR |
| Add | | | Tequesty FL 33469 |
| Remove | | | |
| 2) Change | >) | MATTHEW MAGGIO | 68 LANRELORKI CON |
| Add | | | 68 LANRE (Oaks Cor Tegues TR PL 33469 |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| . If amending or adding additional Articles, enter change(s) here: | |
|---|-------------|
| (Attach additional sheets, if necessary). (Be specific) | |
| Re-Allocation of SHARES | |
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| If an amendment provides for an exchange, reclassification, or cancellation of issued shares, | |
| provisions for implementing the amendment if not contained in the amendment itself: | |
| | |
| original State / - | |
| | |
| -cosevia $N > Mas(a) U = 1 = v / -$ | |
| Joseph January Tark | |
| MATCHEW MAGGIO -99 = 1 99 | |
| MATTHEW MA6610 -99 = \$ 9900 | |
| | |
| Number CHARE De- | |
| Number CHARE De | |
| ORIGINAL SHARE %- JOSEPHINE MAGGIO-I=\$ 100 MATTHEW MAGGIO-99=\$99 AMENDED SHARE %- JOSEPHINE MAGGIO-50=\$500 | |
| | |

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| The date of each amendment(s) adoption: date this document was signed. | , if other than the |
|--|--------------------------------|
| 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 of 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. | (8) |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following staten 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 | |
| ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and sharehold action was not required. | ler |
| The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. | |
| $\frac{7/23}{19}$ | |
| Signature With Mys | |
| (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 courappointed fiduciary by that fiduciary) | |
| (Typed or printed name of person signing) | |
| | |
| TNORPOTATOR (Title of person signing) | |
| (Title of person signing) | |