Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6380

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Account Name : TIMELINE BUSINESS CENTER LLC

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Enter the email address for this business entity to be used for futurer annual report mailings. Enter only one email address please.

Email Address: cleusasantos.cleaning@gmail.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN CLEUSA SANTOS CLEANING SERVICES INC

Certificate of Status	0
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Check if applicable

 \Box The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

Articles of Amendment to Articles of Incorporation of

	of .	
CLEUSA SANTOS CLEANING SERVICES INC		
(Name of Corporation	on as currently filed with the Florida De	pt. of State)
P16000042675		
(Docum	ent Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation	adopts the following amendment(s) to
A. If amending name, enter the new name of the co	rporation:	
name must be distinguishable and contain the word "co.	Properties " Seattle on " or "Incorporated	The new
"Inc.," or Co.," or the designation "Corp." "Inc," "chartered," "professional association," or the abbrev	or "Co". A professional corporation	name must contain the Brd
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD		~ ~
		10.
	***************************************	و ا
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u> </u>	12
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		ame of the
Name of New Registered Agent		
	(Florula street address)	
New Registered Office Address:		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regi	stered Agent:	
I hereby accept the appointment as registered agent. I	am familiar with and accept the obligatio	ns of the position.
	/ AZ - D	
Signal	ture 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 Mtke Jones is listed as the Y-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 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	PD	EVANDRO M DE OLIVEIRA	2150 SOUTH ST
Add	4-1-		FORT MYERS, FL 33901
X Remove			Y 24
2) Change	PD	CLEUSA SILVA DOS SANTOS	2150 SOUTH ST
X Add			FORT MYERS, FL 33901 9
Remove 3)Change			2
Add			
Remove			
4)Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)	
		
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f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,	
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:	
(ў погарупалож, впасац (угл)		

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were action was not required.	lopted by the incorporators, or board of directors without shareholder action	1 and shareholder
☐ The amendment(s) was/were at by the shareholders was/were	lopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	ı
must be separately provided to	oproved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s): It for the amendment(s) was/were sufficient for approval	2023 HA
Dated05/	(voting group) 18/23	Y24 AM 9: 12
(By a select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that (iduciary)	——————————————————————————————————————
	THAYNARA KAUANY SMITH	
	(Typed or printed name of person signing)	
	VP	
	(Title of person signing)	