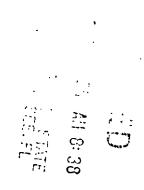
F160000612675

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Sources Linky Harrie)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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2024 SEP 26 AM 4: 50

09/24/24

FLORIDA CAPITAL COURIER SERVICES. INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-54372 (850) 524-6243

Please use funds from the account Authorization Signature:	120210000160: _\$43.75
Cleusa Santos Cleaning Services In	P16000042675
Business	Document #
Walk in	Will wait
- -	
Certified Copy of the	
X Certificate of Status	
NEW FILINGS	<u>AMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication INC CORP OTHER	X_AmendmentResignation of R.A. Officer/DirectorChange of Registered AgentDissolution/WithdrawalConversionStatement of CorrectionMerger
OTHER FILINGS	REGISTRATION/QUALIFICATIONS
Annual Report	Foreign Filing Partnership
Fictitious Name	Reinstatement CORRECTION for a Foreign LLC
_ Statement of Authority	
	Domestication of a Foreign Corp.
APOSTIL	
COUNTRY	Other
EVAMINEDIC INITIAL C.	

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: CLEUSA SANTO	S CLEANING SERVICES	SINC.
DOCUMENT NUMBER: P16000042675		
The enclosed Articles of Amendment and fee are su	abmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
MARIA MADALENA CAL	DAS-LOPES	
	Name of Contact Person	
MADE IN BRAZIL SERVIC		
	Firm/ Company	
2950 WINKLER AVENUE S	SUITE 501	
	Address	
FORT MYERS, FL 33916		
	City/ State and Zip Code	
MADEINBRAZILSERVICE	S@HOTMAIL.COM	
E-mail address: (to be us	sed for future annual report	notification)
For further information concerning this matter, pleas	se call:	
MARIA MADALENA CALDAS-LOPES	at (²³⁹	810-6079
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Depa	ertment of State:
☐ \$35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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	Amends Division The Ce 2415 N	Address ment Section n of Corporations ntre of Tallahassee . Monroe Street, Suite 810 see, FL 32303

Articles of Amendment to Articles of Incorporation of

CL.	EUSA	SANTOS	CLEANING	SERVICES	INC
~~		0.4.00	~ LL . X . X . X . X . X . X . X . X . X	SLICKICA	

ntly filed with the Florida Dept. of State)
of Corporation (if known)
is Florida Profit Corporation adopts the following amendment
"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
2150 SOUTH ST
FORT MYERS, FL 33901
•
2150 SOUTH ST
FORT MYERS, FL 33901
m E G
dress in Florida, enter the name of the Co
treet address)
. Florida
(City) (Zip Code)
<u>t:</u> with and accept the obligations of the position.
t: with and accept the obligations of the position. 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	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	SMITH, THAYNARA KAUANY	2150 SOUTH ST
Add			FORT MYERS, FL 33901
X Remove			
2) Change	-		
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			O C
5) Change		-	m &
Add			
Remove			
6) Change			
Add			
Remove			

he date of each amendment(s) adoption: ste this document was signed.		,	if other than
fective date if applicable:			
(no more than 90 days after amendment file date)			
ote: If the date inserted in this block does not meet the applicable statutory filing requirements, the current's effective date on the Department of State's records.	is date	will not	be listed as
doption of Amendment(s) (CHECK ONE)			
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action was not required.	action	and shar	rcholder
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.	nent(s)		
The amendment(s) was/were approved by the shareholders through voting groups. The following stamust be separately provided for each voting group entitled to vote separately on the amendment(s):	itement	***>	
"The number of votes cast for the amendment(s) was/were sufficient for approval	-		
by			
(voting group)		<u></u>	٠
	50.0	=	
Dated 09/18/2014	ini.	AH 8: 31	1-1
Dated 09/18/2024	1	(.)	***
Signature Cux Santo	1.1	Ö	
(By a director, president or other officer - if directors or officers have not be	een		
selected, by an incorporator – if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)	court		
CLEUSA SILVA DOS SANTOS			
(Typed or printed name of person signing)			
p			
(Title of person signing)	_		<u>.</u>