

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

Office Use Only



400303807414

10/03/17--01012--016 ++35.00

17 OCT -3 AM IO: 09
SECRETARY OF SERVED.
THE LABASSEC FEMALES.

FMD CET 05 2017

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: CADI CLEANING	G SERVICES INC	
	BER: P16000064258		
	of Amendment and fee are se	ibmitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
	MIGUEL M MENDOZA		
		Name of Contact Person	n
		Firm/ Company	
	1139 TIMBERBEND CIRC		
	ORLANDO, FLORIDA, 328	Address 324	
		City/ State and Zip Cod	e
mgn	iendo@aol.com		
	E-mail address: (to be u	sed for future annual report	notification)
For further informatic	on concerning this matter, pleas	se call:	
Miguel M Mendoza		407 at (	538-7487 de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 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		Amend Divisio Clifton	Address Iment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

## FILED

Articles of Amendment to Articles of Incorporation of

## 17 OCT -3 AM 10: 09

-SECTE TATE OF STOLES TALLAHASSEE FESTION

CADI CLEANING SERVICES INC (Name of Corporation as currently filed with the Florida Dept. of State) P16000064258 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS ) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New\_Registered Office Address: \_ (City) (Zin Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature 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 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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>Y</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	PT	DIANA CAROLINA RESTREPO	303 MAGUIRE PARK ST
X Add			APT. 303
Remove			OCOEE, FL 34761
2) X Change	<u>v</u>	CLAUDIA I RAMIREZ CASTRO	303 MAGUIRE PARK ST
Add			APT. 303
Remove			OCOEE, FL 34761
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
<del></del>			
6) Change			
Add			
Remove			

Attach <i>additional sh</i> i	ng additional Articles sets, if necessary). (1	Be specific)	<del>_</del>		
	<u></u>		<u> </u>		
			<del></del>		<del> </del>
				<del></del>	<del></del> -
<del></del>	· · · · · · · · · · · · · · · · · · ·	*			<del> </del>
	<del></del>		<u> </u>		<del>-</del> -
· · · · ·					
<del>-</del> -			-		<del></del>
	<del></del>				<del></del>
	• • •		<del></del>	<del></del>	
			<del></del>		
<del>_</del>					<del></del>
f an amendment or	ovides for an exchang	reclassificatio	n or cancellatio	an of issued chara	•
provisions for impl	ementing the amendn	ent if not contai	ned in the amer	idment itself:	<u>7.</u>
(if not applicab	le, indicate N/A)	Tene ii iiot toma	aca in the miner	idine it itseir.	
.,	.,,				
~ <del></del>		<del></del> -	<del></del>	<del></del>	<del></del>
		<del></del>	· · ·	<del> </del>	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements document's effective date on the Department of State's records.	, this 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 east for the amen by the shareholders was/were sufficient for approval.	ndment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	statement (s):
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and sh action was not required.	areholder
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	older
Dated	
Signature / CUU	
(By a director, president or other officer – if directors or officers have n	
selected, by an incorporator - if in the hands of a receiver, trustee, or ot	her court
appointed fiduciary by that fiduciary)	
Claudia I. Ramiroz Castio	
(Typed or printed name of person signing)	
Claudia I. Raminoz (ast) o (Typed or printed name of person signing)  Lice President	
(Title of person signing)	