



**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: CADI CLEANING SERVICES INC

DOCUMENT NUMBER: P16000064258

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CLAUDIA RAMIREZ CASTRO  
Name of Contact Person  
CADI CLEANING SERVICES INC  
Firm/ Company  
9101 LAKE LOTTA CIR  
Address  
GOTHA, FL 34743  
City/ State and Zip Code  
cadicleaningservice@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CLAUDIA RAMIREZ CASTRO at ( 407 ) 600-1248  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- \$35 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

**Street Address**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

CADI CLEANING SERVICES INC

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

PI6000064258

(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) its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

SAME AS ABOVE

*The new 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)

9101 LAKE LOTTA CIR  
GOTHA, FLORIDA 34734

**C. Enter new mailing address, if applicable:**  
(Mailing address MAY BE A POST OFFICE BOX)

9101 LAKE LOTTA CIR  
GOTHA, FLORIDA 34734

**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 LEONARDO O RESTREPO

9101 LAKE LOTTA CIR

(Florida street address)

New Registered Office Address: GOTHA

(City)

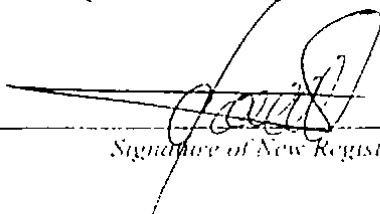
Florida

(Zip Code)

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19 JUL 30 AM 9:43  
34734

**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, an 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 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:**

Change                    PT        John Doe

Remove                    V        Mike Jones

Add                        SV        Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>V</u>	<u>CLAUDIA I RAMIREZ CASTRO</u>	<u>9101 LAKE LOTTA CIR</u> <u>GOTHA, FL 34734</u>
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>LEONARDO O RESTREPO</u>	<u>9101 LAKE LOTTA CIR</u> <u>GOTHA, FL 34734</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____

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 SHREVEPORT, LOUISIANA  
 STATE OF LOUISIANA

**E. If amending or adding additional Articles, enter change(s) here:**

*(Attach additional sheets, if necessary). (Be specific)*

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

**F. 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:**

*(if not applicable, indicate N/A)*

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

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SECRETARY OF STATE  
PAID 100.00

JULY 23rd, 2019

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

JULY 23rd 2019

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 date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) **(CHECK ONE)**

The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(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 shareholder action was not required.

The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

JULY 23 rd, 2019

Dated \_\_\_\_\_

Signature \_\_\_\_\_

(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 court appointed fiduciary by that fiduciary)

CLAUDIA RAMIREZ CASTRO

\_\_\_\_\_  
(Typed or printed name of person signing)

PRESIDENT

\_\_\_\_\_  
(Title of person signing)

DEPARTMENT OF STATE  
CORPORATION DIVISION

19 JUL 30 AM 9:43

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RESOLUTION:  
ACCEPT DIRECTOR'S RESIGNATION

RESOLVED, that the resignation of CLAUDIA I RAMIREZ CASTRO as a member of the Board of Directors of the Corporation as evidenced by a resignation letter to the Corporation, dated July 23, 2019, is hereby accepted, and the Secretary of the Corporation is hereby instructed to notify CLAUDIA I RAMIREZ CASTRO of the Board's acceptance.

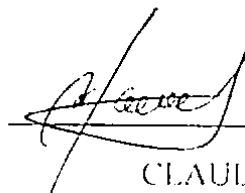
The undersigned hereby certifies that he/she is the duly elected and qualified secretary and the custodian of the books and records and seal of CADI CLEANING SERVICES INC corporation duly formed pursuant to the laws of the state of FLORIDA and that the foregoing is a true record of a resolution duly adopted at a meeting of the Board of Directors, and that said meeting was held in accordance with state law and the Bylaws of the above-named Corporation on July 23, 2019, and that said resolution is now in full force and effect without modification or rescission.

IN WITNESS WHEREOF, I have executed my name as secretary and have hereunto affixed the corporate seal of the above-named Corporation this 23rd day of July, 2019

A True Record.

Attest.

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19 JUL 30 AM 9:43  
CLERK OF THE CIRCUIT COURT  
IN AND FOR THE COUNTY OF  
DADE, FLORIDA

  
\_\_\_\_\_  
CLAUDIA I RAMIREZ CASTRO

## Resignation

TO: CADI CLEANING CLEANING SERVICES INC  
9101 LAKE LOTTA CIR  
GOTHIA, FL 34734  
(407) 935-0093

AND TO: The shareholders thereof

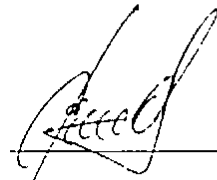
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FALLMONT, FL 34701

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I HEREBY tender my resignation as a director of the Corporation to take effect forthwith.

DATED JULY 23, 2019



\_\_\_\_\_  
CLAUDIA RAMIREZ CASTRO