## P16000064258

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## COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPO	ORATION: CADI CLEANING	SERVICES INC				
	1BER: P16000064258					
The enclosed Article	es of Amendment and fee are su	bmitted for filing.				
Please return all corr	respondence concerning this ma	tter to the following:				
	LEONARDO O RESTREPO					
	Name of Contact Person					
	CADI CLEANING SERVIC	ES INC				
	Firm/ Company					
	9101 LAKE LOTTA CIR					
		Address				
	GOTHA, FLORIDA 34734					
	City/ State and Zip Code					
	cadicleaningservice@gmail.c	com				
	E-mail address: (to be us	sed for future annual report	notification)			
For further informati	ion concerning this matter, plea-	se call:				
LEONARDO O RESTREPO		407 at (	535-9786			
Name of Contact Person		Area Co	de & Daytime Telephone Number			
Enclosed is a check	for 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)	Certificate of Status			
Mailing Address			<u>Address</u>			
	nendment Section	Amendment Section				
	vision of Corporations O. Box 6327		on of Corporations entre of Tallahassee			
	llahassee, FL 32314	"	N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of



CADI CLEANING SERVICES INC.

( <u>Name</u>	of Corporation as currer	itly filed with the Florida Dept.	of State)	
P160000064258			<i>O</i> .	
	(Document Number	of Corporation (if known)	ب	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, th	is Florida Profit Corporation ade	pts the following amendment(s)	
A. If amending name, enter the new n	ame of the corporation:			
SAME AS ABOVE			The new	
name must be distinguishable and contain "Inc.," or Co.," or the designation "( "chartered," "professional association,	Corp, " "Inc," or "Co".	A professional corporation nat	or the abbreviation "Corp.,"	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		9101 LAKE LOTTA CIR		
		GOTHA, FL 34734		
		<del> </del>	· · · · · · · · · · · · · · · · · · ·	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		9101 LAKE LOTTA CIR		
		GOTHA, FL 34734		
<ul> <li>If amending the registered agent a new registered agent and/or the ne</li> </ul>			<u>e of the</u>	
HAN RESTREPO RAMIREZ				
Name of New Registered Agent	9163 FLORIBUNDA D	 R		
		street address)		
At Declared DWG and the con-	ORLANDO		mada 32818	
<u>New Registered Office Address:</u>		City)	Florida (Zip Code)	
New Registered Agent's Signature, if a I hereby accept the appointment as regis	changing Registered Age	nt:  r with and account the abliquations	at the position	
in region	.c., ca ageni. Tam jamina		oj ine position.	
	JUVI	<i>N</i>	- <u></u> -	
	Signature of New	Registered Agent, if changing		
Check if applicable				
☐ The amendment(s) is are being filed [	oursuant to s. 607.0120 (11	1) (e), F.S.		

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: <u>X</u> Change	<u>PT</u>	John Doc	
X Remove	$\underline{V}$	Mike Jones	
<u>X</u> Add	<u>sv</u>	Saffy Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
f) Change	l,	JUAN RESTREPO RAMIREZ	9163 FLORIBUNDA DR
X Add			ORLANDO, FL 32818
Remove			
2) X Change	VP	LEONARDO RESTREPO	9101 LAKE LOTTA CIR
Add			GOTHA, FL 34734
Remove 3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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( <i>if</i> )	not applicable, indica	ate $NA$ )	t II IIII COIIIIII	ica in the amena	ment nach.	
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AUGUST 27, 2020 The date of each amendment(s) adoption: \_ , if other than the date this document was signed. AUGUST 27, 2020 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 incorporators, or board of directors without shareholder action and shareholder action was not required. ☐ 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 amendmentis); "The number of votes cast for the amendment(s) was were sufficient for approval (voting group) AUGUST 27, 2020 Dated Signature or president or other officer – if directors or officers have not been at, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) LEONERDO O RESTREPO (Typed or printed name of person signing) PRESIDENT (Title of person signing)