

1/2/2020

Jan. 13. 2020 11:39AM

PAGIO'S & ASSOCIATES, LLC
Division of Corporations

No. 7166 P. 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6380

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Account Name : PAGIO'S & ASSOCIATES, LLC
Account Number : I20100000043
Phone : (305)397-8553
Fax Number : (305)397-8521

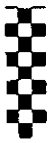
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: hermesofia.parra@hotmail.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN
BEST FLORIDA CLEANING SERVICES, INC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

JAN 14 2020



January 9, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

PAGIO'S & ASSOCIATES

SUBJECT: BEST FLORIDA CLEANING SERVICES, INC
REF: P16000072372

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

If you have any further questions concerning your document, please call (850) 245-6050.

Terri J Schroeder
Regulatory Specialist III
Amendment Section
Amount charged: 35.00

FAX Aud. #:
Letter Number: 220A00000596

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ATX1

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: BEST FLORIDA CLEANING SERVICES, INC

DOCUMENT NUMBER: P16000072372

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

Please return all correspondence concerning this matter to the following:

MERCEDES PARRA HERNANDEZ

Name of Contact Person

BEST FLORIDA CLEANING SERVICES, INC

Firm/ Company

22302 PINEAPPLE WALK DRIVE

Address

BOCA RATON, FL 33433

City/ State and Zip Code

MPARRA@BESTFLORIDACLEANINGSERVICES.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MERCEDES PARRA HERNANDEZ

Name of Contact Person

at (561) 418-4926

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

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ATX1

Articles of Amendment
to
Articles of Incorporation
of

BEST FLORIDA CLEANING SERVICES, INC(Name of Corporation as currently filed with the Florida Dept. of State)(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:

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)

22302 PINEAPPLE WALK DRIVEBOCA RATON, FL 33433

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

22302 PINEAPPLE WALK DRIVEBOCA RATON, FL 33433

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: MERCEDES PARRA HERNANDEZ22302 PINEAPPLE WALK DRIVE(Florida street address)New Registered Office Address: BOCA RATON(City)Florida 33433(Zip 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

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BEST FLORIDA CLEANING SERVICES, INC

ATX1

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:

☒ 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	<u>P</u>	<u>EVELIS GONZALEZ</u>	<u>22858 OXFORD PL UNIT C</u>
<input type="checkbox"/> Add			<u>BOCA RATON, FL 33433</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>VP</u>	<u>MANUEL CASTILLO</u>	<u>22858 OXFORD PL UNIT C</u>
<input type="checkbox"/> Add			<u>BOCA RATON, FL 33433</u>
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>P</u>	<u>MERCEDES PARRA HERNANDEZ</u>	<u>22302 PINEAPPLE WALK DRIVE</u>
<input checked="" type="checkbox"/> Add			<u>BOCA RATON, FL 33433</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>VP</u>	<u>YOMER VERA ARAUJO</u>	<u>22302 PINEAPPLE WALK DRIVE</u>
<input checked="" type="checkbox"/> Add			<u>BOCA RATON, FL 33433</u>
<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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BEST FLORIDA CLEANING SERVICES, INC

ATX1

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

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)

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STILL ANY OUTSTANDING
ALL AGENTS IN THE AREA

THIR

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BEST FLORIDA CLEANING SERVICES, INC

The date of each amendment(s) adoption: 12/18/2019 ATX1
other than the date this document was signed. if

Effective date if applicable: 1/1/2020
(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.

Dated 12/18/2019

Signature Evelis Gonzalez

(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)

Evelis Gonzalez

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Signature: MERCEDES PARRA
MERCEDES PARRA (Dec 20, 2019)

Email: mercesofiaparra@hotmail.com

Signature: Evelis Gonzalez
Evelis Gonzalez (Jan 2, 2020)

Email: mannycastle30@gmail.com

FILED
20 JAN 13 AM 10:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA