

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000277661 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : ITAX GROUP, LLC Account Number : I20140000115 Phone : (813)882-8426 Fax Number : (813)884-0263

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

Email Address: marciabarbosa97@gmail.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN SPARKLE HOME CLEANING SERVICES, INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	S35.00

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TO: Amendment Section

Docusign Envelope ID: 20E34633-C668-4F0E-89C8-E9196BA2DDB5

COVER LETTER

Division of Corpo	orations		
NAME OF CORPOR	RATION: SPARKLE HOME	CLEANING SERVICES	INC
DOCUMENT NUMB			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	Rose M Barbosa		
		Name of Contact Perso	n
		Firm/ Company	
	7622 Devonbridge Garden W	'ay	
		Address	
	Apollo Beach, Fl. 33572		
		City/ State and Zip Cod	e
	marciabarbosa97@gmail.con	1	
	E-mail address: (to be u	sed for future annual report	notification)
For further information	n concerning this matter, plea	se call:	
Rose M Barbosa		at (⁸¹³	de & Daytime Telephone Number
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Dep	artment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi: P.O.	ling Address indment Section sion of Corporations Box 6327 ihassee, FL 32314	Ameno Divisio The C 2415 ?	Address Iment Section on of Corporations centre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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Articles of Amendment to Articles of Incorporation of

filed with the Florida Dept. of State)
Corporation (if known)
orida Profit Corporation adopts the following amendment(s)
The new
npany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
<u> </u>
····
in Florida, autor the name of the
s in Florida, enter the name of the
address)
. Ftorida
(Zip Code)
70

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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 PTJohn Doe X Remove V Mike Jones X AddSVSally Smith Type of Action Title Name Address (Check One) 7622 Devonbridge Garden Way Rither de Oliveira Barbosa Miranda 1) ____ Change Apollo Beach, Fl. 33572 Х Add __ Remove 2) ____ Change ____ Add Remove 3) ____ Change ____ Add Remove 4) ____ Change Add __ Remove 5) ____ Change ____ Add __ Remove 6) ____ Change $_$ Add Remove

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	(Be specific)			
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If an amendment provides for an excl	nange, reclassific	cation, or cance	llation of issued si	hares,
provisions for implementing the ame	ndment if not co	ontained in the	amendment itself	<u>:</u>
/ C				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				<u> </u>
(if not applicable, indicate N/A)		· · · ·		
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
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(if not applicable, indicate N/A)				

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	loption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will partment of State's records.	I not be listed as t
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado action was not required	pted by the incorporators, or board of directors without shareholder action and	l shareholder
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes east for the amendment(s) fficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	Įú.
"The number of votes cast	or the amendment(s) was/were sufficient for approval	
by		•
	(voting group)	•
August 15th	. 2024	
Dated		بي ا
Signature (Section)	b-	۳.
(By a di selected	rector, president or other officer – if directors or officers have not been, by an incorporator – if in the hands of a receiver, trustee, or other courted fiduciary by that fiduciary)	_
	ROSE M BARBOSA	
	(Typed or printed name of person signing)	
	President	
•	(Title of person signing)	