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(Re	equestor's Name)			
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(Business Entity Name)				
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Certified Copies	_ Certificates	of Status		
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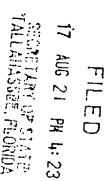
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## **COVER LETTER**

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Tallahassee, FL 32301

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: L&HO JANITORI	AL CLEANERS, INC	
	BER: P1700006702		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	HENRY ORREGO		
		Name of Contact Person	n
	L&HO JANITORIAL CLEA	NERS, INC	
		Firm/ Company	
	808 HEATHER GLEN CIR		
		Address	
	LAKE MARY, FL 32746		
	-	City/ State and Zip Cod	e
JEN?	NYVILA@JENNYSTAXSER	VICES.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
HENRY ORREGO		at (	687-3038
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made [	payable to the Florida Depa	artment of State:
S35 Filing Fee	□S43.75 Filing Fee & Certificate of Status	☐S43.75 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		Ameno Divisio Clifton	Address Iment Section on of Corporations Building
Tall	ahassee, FL 32314	2661 E	Executive Center Circle

## Articles of Amendment to Articles of Incorporation of

## L&HO JANITORIAL CLEANERS, INC.

(Name of Corporation	as currently filed with the Florida Dept. of State)
P17000006702	
(Documen	nt Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Stits Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corp	poration:
	The new "corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the bbreviation "P.A,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	MESS )
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	AUG 21 PH 4: 23
D. If amending the registered agent and/or registered new registered agent and/or the new registered off	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
3	(City) (Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I a	tered Agent: am familiar with and accept the obligations of the position.
	ure 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>V</u>	Mike Jones	
_X Add	<u>sv</u> <u>s</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<u>s</u>	JIMMY FRANK TORRES	10819 CHERRY OAK CIR
XAdd			ORLANDO, FL 32817-3857
Remove			
2) Change	<u>s</u>	JUAN P. GOMEZ	340 GOLF BROOK CIR APT 208
Add			LONGWOOD, FL 32779
X Remove		•	
3 ) Change			
Add			
Remove			
4) Change			
Add			
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5) Change			
Add			
Remove			
6) Change			
Add			
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The date of each amendment(s) a date this document was signed.	doption:	, if other than the
date tins document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, epartment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes east for the amend ufficient for approval.	lment(s)
	proved by the shareholders through voting groups. The following a each voting group entitled to vote separately on the amendment,	
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ad- action was not required.	opted by the board of directors without shareholder action and sha	reholder
■ The amendment(s) was/were adaction was not required.	opted by the incorporators without shareholder action and shareholder	lder
08/16/201	7	
	u/ Oruf H	
select	director, president or other officer – if directors or officers have no ed, by an incorporator – if in the hands of a receiver, trustee, or oth ted fiduciary by that (iduciary)	t been er court
	HENRY ORREGO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	