P1700033599

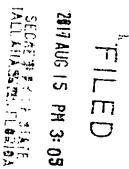
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I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

	ATION: Cleaning Magic, In	c.	
DOCUMENT NUMBE	ER:		
	Amendment and fee are sub	omitted for filing.	
Please return all correspondent	ondence concerning this mat	ter to the following:	
Ŋ	dia A. Thomas, CPA, CGMA	N.	
_	<u></u>	Name of Contact Person	
N	Aia A. Thomas, PA		
_		Firm/ Company	
I	408 E Robinson St		
_		Address	
C	Orlando, FL 32801		
_		City/ State and Zip Code	2
ınthom	as@miathomascpa.com		
	E-mail address: (to be us	ed for future annual report	notification)
For further information Mia A Thomas	concerning this matter, pleas		538-6048
	Contact Person	at (407)de & Daytime Telephone Number
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	payable to the Florida Depa	ertment of State:
S35 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)
Amen Divisi P.O. I	ng Address Idment Section Idment Sec	Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building executive Center Circle

Articles of Amendment to Articles of Incorporation of

Cleaning Magic, Inc.	
(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P17000033599	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	No.
	A STATE OF
C. Enter new mailing address, if applicable:	The state of the s
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
	<u> </u>
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre	
Name of New Registered Agent	
(Florida :	street address)
New Registered Office Address:	, Florida
New Registered Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am familia	
Signatura of New	Registered Agent, if changing
Signature of New	negmored agent, if charging

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: XChange	<u>PT</u> <u>Jo</u>	ohn <u>Doe</u>	
X Remove	<u>V</u> <u>M</u>	<u>fike Jones</u>	
X Add	<u>sv</u> <u>s</u> :	ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	Alessandra Barbosa	4563 Ada Lane
Add X Remove			Kissimmee, FL 34746
2) X Change	P	Karla Borges	546 Lake Shore Pkwy
Add			Davenport, FL 33896
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
-	
	
,	
	
-	
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(y noi applicable, maicale MA)	
-	

July 1, 2017	
The date of each amendment(s) adoption:	, if other than the
July 1, 2017	
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 w document's effective date on the Department of State's records.	ill not be listed as the
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 phy 1, 2017 Signature Mundy ratio anhon	
(By a director, president of 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)	
· · · · · · · · · · · · · · · · · · ·	
Alessandra Barbosa	· ·····
(Typed or printed name of person signing)	
Alessandra Barbosa (Typed or printed name of person signing) Presidat	
(Title of person signing)	<u></u>