## P17000039435

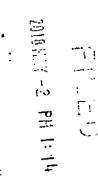
(Req	uestor's Name)	
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## **COVER LETTER**

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TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: ADAINA CLEAN	ING CORP	
DOCUMENT NUME	ER: P17000039635		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Adaina Otero		
,		Name of Contact Person	n
	ADAINA CLEANING COR	p	
	893 SW KOLER AVE	Firm/ Company	
		Address	
	PORT SAINT LUCIE, FL 3	4953	
		City/ State and Zip Cod	e
nitmi	lemarble@yahoo.com		
	•	sed for future annual report	notification)
	n concerning this matter, pleas		112 0002
Adaina Otero		ai (407	)
Name o	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:
■ \$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	

## Articles of Amendment to Articles of Incorporation of

Alle Park Control of the Control of

## ADAINA CLEANING CORP

(Name of Corporation as curre	ently filed with the Florida Dept. of State)
P17000039635	•
(Document Number	er of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, t its Articles of Incorporation:	his Florida Profit Corporation adopts the following amendme
A. If amending name, enter the new name of the corporation:	<u>:</u>
	The new
name must be distinguishable and contain the word "corpord "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," o word "chartered," "professional association," or the abbreviation	ation," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	3218 SW Ronlea Court Port Saint Lucie FL 34953
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3218 SW Ronlea Court Port Saint Lucie FL 34953
(Maining dauress MAT BE A POST OFFICE BOA)	
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office add	
Name of New Registered Agent	
(Floride	a street address)
New Registered Office Address:	, Florida
The state of the s	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Ag I hereby accept the appointment as registered agent. I am famili	
Thereby accept the approximation to region on agent. I have some	and the state of the particle
Signatura of Va	ow Ragistarad Agant 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	PT	John Doe				
X Remove	<u>V</u>	Mike Jones				
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	Title	Name		Address		
1) Change	V	Hugo DeLeon Meno	lonea	3218 SW Ronlea Court		
X Add				Port Saint Lucie FL 34953		
Remove						
2) Change		_				
Add						
Remove						
3) Change						
Add						
Remove						
4) Change			·			
Add				· · · · · · · · · · · · · · · · · · ·		
Remove						
5) Change		_	<del></del>			
Add						
Remove						
6) Change	<del></del>	_				
Add						
Remove						

mati additional site	ets, if necessary).	(Be specific)				
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an amendment pre	ovides for an excha	inge, reclassificat	tion, or cancellat	ion of issued sha	ires,	
rovisions for imple	ementing the amen	dment if not con	tained in the ame	ndment itself:		
(if not applicabl	e, indicate N/A)					
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	4/22/2018	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
4/2 Effective date <u>if applicable</u> :	22/2018	
Filective date (Fappacaore)	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes east for the amendment(sufficient for approval.	(s)
	oproved by the shareholders through voting groups. The following statem or each voting group entitled to vote separately on the amendment(s):	ient
	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
•	(voting group)	
	lopted by the board of directors without shareholder action and sharehold	ler
■ The amendment(s) was/were action was not required.	dopted by the incorporators without shareholder action and shareholder	
4/22/2018 Dated	· · · · · · · · · · · · · · · · · · ·	
select	director, president or other officer – if directors or officers have not been led, by an incorporator – if in the hands of a receiver, trustee, or other counted fiduciary by that fiduciary)	
	Adaina Otero	
	(Typed or printed name of person signing)	
	President Stano	
	(Title of person signing)	