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COVER LETTER

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•		COVER LETTER		The same
TO: Amendment Section Division of Corpora				ampany.
NAME OF CORPORA	TION: HEATHER	LYNN'S PROFES	ESIONA CLEANING C.	ampany &
DOCUMENT NUMBE	r: <u>P1700</u>	000 400 92 .		
The enclosed Articles of	Amendment and fee are su	ibmitted for filing.		
Please return all correspo	ondence concerning this ma	itter to the following:		
	//-			
_	1781	ATHR DRUM	BLOW	
		Name of Contact Person	1	
<u>/</u>	KATHEL LYNN'S	PROFESSIONAL	CLEANING COMPA	hv
		Firm/ Company		
	1294	E. MINNES	A AVE	
_		Address	27	
	Sera	· 6 3.	2724.	
_	DELAN	City/ State and Zin Code	6	
		ency mare and mp cod	•	
	E-mail address: (to be u	sed for future annual report	notification)	
For further information c	concerning this matter, plea	se call:		
HEATHER U	. Beumosou	at (386	de & Daytime Telephone Number	
Name of	Contact Person	Агеа Со	de & Daytime Telephone Number	
Enclosed is a check for t	he 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)	
31	or Addings:	84		

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

Articles of Incorporation of

HEATHER LYNN'S	PROFESSIONA	ac CLERAIN	+ Commany
(Name of Corporation as co			
P170000	40092		
	mber of Corporation (if kr	nown)	
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	es, this Florida Profit Cor	poration adopts the foll	owing amendment(s) to
A. If amending name, enter the new name of the corporati	<u>ion:</u>		
			The new
name must be distinguishable and contain the word "corp," "Inc.," or Co.," or the designation "Corp," "Inc, word "chartered," "professional association," or the abbrevi	," or "Co". A profession		
B. Enter new principal office address, if applicable:			٠
(Principal office address MUST BE A STREET ADDRESS)		72.
	· · · · · · · · · · · · · · · · · · ·		2
			
C. Enter new mailing address, if applicable:			PH 4:
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		· -	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a		ter the name of the	
Name of New Registered Agent			
			
(Flo	orida street address)		
New Registered Office Address:		, Florida	
New Registered Office Address.	(City)	riorida	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am far		obligations of the posit	ion.
	,	,	
e:	CM no Dominio de 100	t	
Signature of	New Registered Agent, if	cnanging	

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 <math>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.

Engage In	e, ana sa	ny Smith, Sr as an Add.
Example: X Change	<u>PT</u>	John Doe
X Remove	<u>V</u>	Mike Jones
X Add	<u>sv</u>	Sally Smith
Type of Action (Check One)	<u>Title</u>	<u>Name</u> <u>Addres</u> s
l) Change	PRES	5. P" HEATHEL L. BRUMBIOW 1294 E. MINNESOTA AVE. DELAND E. 32724.
✓ Add		DELAND E. 32724.
Remove		
2) Change		
Add		
Remove		
3) Change		
Add		
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

Attach additional si	ling additional Art heets, if necessary).	(Be specific)			
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f un umandmant n	rovider for an exe	hanga roologgifia	ation or appeallat	ion of issued share	
<u>provisions for imp</u>	lementing the amo	endment if not co	ntained in the ame	endment itself:	31
(if not applica	ble, indicate N/A)				
		. =		 _	
					

The date of each amendment(s) ad	ption:, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	10/35/17.
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bl document's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this date will not be listed as the timent of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were adopty the shareholders was/were suf	ted by the shareholders. The number of votes east for the amendment(s) icient for approval.
	oved by the shareholders through voting groups. The following statement such voting group entitled to vote separately on the amendment(s):
	r the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were adopaction was not required.	ted by the board of directors without shareholder action and shareholder
he amendment(s) was/were adopaction was not required.	ted by the incorporators without shareholder action and shareholder
Dated	/8/17.
Signature (By a di	ector, president or other officer – if directors or officers have not been
	by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)
-	(Typed or printed name of person signing)
	(1) ped or printed name or person signing)
	PRESIDENT.
	(Title of person signing)