P17000096160

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2818 SEP 28 NH 11: 4

SEP 2, 2010

COVER LETTER

2818 SEP 18 3411. 47 TO: Amendment Section Division of Corporations NAME OF CORPORATION: ANG CLEANING SERVICES INC P17000096160 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: NANCY GARCIA MORALES Name of Contact Person Firm/ Company 230 SW 12 STREET APT 1102 Address MIAMI, FL 33130 City/ State and Zip Code NANCYGARCIA1970@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: NANCY GARCIA MORALES Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **■\$43.75** Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee ☐ \$35 Filing Fee Certified Copy Certificate of Status Certificate of Status Certified Copy (Additional copy is (Additional Copy 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

is enclosed)

Articles of Amendment Articles of Incorporation of

ANG CLEANING SERVICES CORP



(Name of Corporation as currently filed with the Florida Dept. of State)

P17000096160

(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
A. If amending name, enter the new name of the corporation:	
N/A	The nev
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	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable:	N/A
(Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office ad	dress in Florida, enter the name of the
new registered agent and/or the new registered office addre	<u>:585:</u>
Name of New Registered Agent N/A	
(Florida	street address)
N/A	
New Registered Office Address:	(City) , Florida(Zip Code)
	(City)
N. D. J. J. S. S. S. S. S. S. D. S. D. S.	
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	nt: ir with and accept the obligations of the position.
, , , , , , , , , , , , , , , , , , ,	,

Signature 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	PT	John Doe			
X Remove	<u>v</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	Namo	<u>e</u>		<u>Addres</u> s
1) Change	VP	NAN	NCY GARCIA MORALES		230 SW 12 STREET APT 1102
XAdd					MIAMI, FL 33130
Remove					
2) Change					
Add					
Remove					
3) Change					
Add					<u> </u>
Remove					
4) Change					
Add					
Remove					<u> </u>
5) Change				_	
Add					
Remove					
6) Change					
Add					
Remove					

If amending or adding additi (Attach additional sheets, if ned	onal Articles, enter change(s :essarv). (Be specific)	<u>} here</u> :		
VA	(max, para y			
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			 ··	
		on or concellation of irra	und charac	
. If an amendment provides for provisions for implementing	g the amendment if not conta	tined in the amendment	itself:	
(if not applicable, indica	te N/A)			
VA.				
				
				_ _
		<u></u>		
				 .

09/07/2018	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
09/07/2018 Effective date if applicable:	
(no more than 90 days after amendmen	nt file date)
Note: If the date inserted in this block does not meet the applicable statutory filing redocument's effective date on the Department of State's records.	equirements, this date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast by the shareholders was/were sufficient for approval.	for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. To must be separately provided for each voting group entitled to vote separately on the	
"The number of votes cast for the amendment(s) was/were sufficient for approv	al
by	<u>_</u> ."
(voting group)	
■ The amendment(s) was/were adopted by the board of directors without shareholder action was not required.	ction and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action action was not required.	and sharcholder
09/17/2018 Dated	
Signature Signature	
(By a direction president or other officer – if directors or off selected, by an incorporator – if in the hands of a receiver, the appointed fiduciary by that fiduciary)	
ARLYN GONZALEZ	
(Typed or printed name of person signing	g)
PRESIDENT	
(Title of person signing)	