## P17000100705

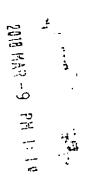
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2018 MAR - 9 PH 1: TO

TO: Amendment Section Division of Corporations

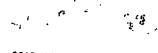
NAME OF CORPORATION: \_\_\_\_\_TOUCH OF ELEGANCE CLEANING SERVICES CORP. P17000100705 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: SAMAYRA AGOSTO Name of Contact Person TOUCH OF ELEGANCE CLEANING SERVICES CORP. Firm/ Company 8257NW 191STLANE Address HIALEAH, FL 33015 City/ State and Zip Code sammy@touchofelegance.cleaning E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: SAMAYRA AGOSTO Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee ■\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) (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



## TOUCH OF ELEGANCE CLEANING SERVICES CORP.

2018 MAR -9 PM 1: 10

(Name of Corporation as current	ly filed with the Florida Dept. of State)
P17000100705	
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	$\label{profit} \textit{Florida Profit Corporation} \ \text{adopts the following amendment}(s)$
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation "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: (Principal office address MUST BE A STREET ADDRESS)	8257 NW 1915+ Lanc Hickah FI 33015
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address  Name of New Registered Agent	
(Florida st	reet address)
New Registered Office Address:	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar Signature of New I	

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: X Change	<u>PT</u>	John D	<u>0e</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally S	mith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	Secret	a 	Francisco Agosto	15971SW 82ndSt Miami, FL 331
X Add				
Remove				
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		<u>-</u>		
Add				
Remove				
6) Change		_		
Add				
Remove				

	Articles, enter cha ry). (Be specific)	<del>_</del>		
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f an amendment provides for an	<u>exchange, reclassif</u>	<u>ication, or cancella</u>	ition of issued share	<u>25.</u>
provisions for implementing the		contained in the an	nendment itself:	
(if not applicable, indicate N/A	1)			
		_		
	•			
			<u> </u>	

	March 4 2018
The date of each amendment(	adoption: if other than
date this document was signed.	
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing requirements, this date will not be listed as Department of State's records.
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
	ast for the amendment(s) was/were sufficient for approval
by	(voting group)
•	(voting group)
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder
■ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
<b>Marc</b> h Dated	2018
Signature	Sanaya Cupto
sel	a director, president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	SAMAYRA AGOSTO
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)