P18000001462

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
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(Bu	isiness Entity Nan	ne)
(Dc	ocument Number)	
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: Liany's Cleaning C	_orp					
DOCUMENT NUM	BER: P18000001462						
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.					
Please return all corre	spondence concerning this ma	itter to the following:	!				
	Liana Somohano Amigot		ı				
	-	Name of Contact Person					
	Liany's Cleaning Corp						
Firm/ Company							
819 NE 18th St.							
	Address						
	Cape Coral, Fl. 33909						
		City/ State and Zip Code					
loans	ısa407@gmail.com		1 6				
-	E-mail address: (to be u	sed for future annual report					
For further information	on concerning this matter, pleas	se call:					
Liana Somohano Amigot		at (839-6344				
Name	of Contact Person	Area Coo	de & Daytime Telephone Number				
Enclosed is a check for	or the following amount made	payable to the Florida Depa	rtment 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)				
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Amendi Division Clitton 2661 E:	Address ment Section n of Corporations Building Recutive Center Circle ssee, FL 32301				

Articles of Amendment to Articles of Incorporation

of

Liany's Cleaning Corp.				
(<u>Name c</u>	of Corporation as currer	ntly filed with the Florida Dept.	of State)	
P18000001462				
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, thi	is <i>Florida Profit Corporation</i> add	opts the following amendment(s) t	
A. If amending name, enter the new na	ame of the corporation:			
N\A			The new	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	"Co". A professional corporat		
B. Enter new principal office address,	if applicable:	819 NE 18th St.		
(Principal office address <u>MUST BE A S</u>		Cape Coral, Fl. 33909	र्रोस क	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		819 NE 18th St.	ASSET P	
		Cape Coral, Fl. 33909	データング 	
D. If amending the registered agent an new registered agent and/or the new			of the	
Name of New Registered Agent	N/A		 	
	N/A			
	(Florida :	street address)	* - · · · · · · · · · · · · · · · · · · 	
New Registered Office Address:	N/A		, Florida n/A	
		(City)	(Zip Code)	
New Registered Agent's Signature, if cl hereby accept the appointment as regist			of the position.	
	^	JA		
	Signature of New	- I ' Registered Agent, if changing		

If amending the Officer address of each Officer (Attach additional sheets, Please note the officer/dit P = President; V = Vice Executive Officer; CFO held. President, Treasure Changes should be noted a change, Mike Jones lead Mike Jones, V as Remove	and/or D if necess rector titl President = Chief I r, Directo lin the fo wes the c	Director besary) Ie by the fit; T= Trea Financial For would I Blowing m Forporation	eing added: rst letter of the surer; S= Sec Officer. If an oe PTD. anner. Curren o, Sally Smith	e office title: retary; D= D officer/direct atly John Doe	irector: TR= or holds more is listed as th	Trustee; C = e than one title we PST and Min	Chairman or Clerk; CE e, list the first letter of c ke Jones is listed as the l	O = Chief each office V. There is
Example: X Change	<u>PT</u>	John Do	<u>e</u>			1		
X Remove	<u>V</u>	Mike Jo	<u>nes</u>	N	1>			
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	14	\			
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		1	<u>Addres</u> s		
I) Change		_						
Add								_
Remove								_
2) Change		_						_
Add							1 1	_
Remove							· · · · · ·	_
3) Change		_						_
Add								
Remove								_
4) Change		_						
Add								_
Remove							1	_
5) Change							•	
Add								_ -
Remove								
6) Change		_						_
Add								

__ Remove

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)		
N/A		
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	i	
		
		
	1	
F. If an amendment provides for an exchange, reclassification, or cancell provisions for implementing the amendment if not contained in the ar	ation of issued shares, mendment itself:	
(if not applicable, indicate N/A)		
N/A		
	İ	
		·
-		
		<u> </u>

January 9th, 2018	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
January 9th, 2018	
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.	
January 9, 2018 Dated	
Signature Stude	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Liana Somohano Amigot	
(Typed or printed name of person signing)	
President	

(Title of person signing)