P180000 18684

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	: #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
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COVER LETTER

O: Amendment Section Division of Corporations					
NAME OF CORPORATION: A CANNING Saruic & Inc. DOCUMENT NUMBER: DESCRIPTIONS					
The enclosed Articles of Amendment and fee are submitted for filing.					
lease return all correspondence concerning this matter to the following:					
Name of Contact Person JY Clerange Gorere Inc Firm/ Company G 211 Foy Chase CT					
Name of Contact Person					
JY Cleaning Gorine Inc					
Firm/ Company					
6211 GOY ChAJE C/					
Millon Pl 32563					
City/ State and Zip Code					
E-mail address: (to be used for future annual report notification)					
E-mail address-(to be used for future annual report notification)					
For further information concerning this matter, please call:					
Name of Contact Person Area Code & Daytime Telephone Number					
Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
S35 Filing Fee Certificate of Status Certificate of Status Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)					

Street Address

Clifton Building

Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Mailing Address

P.O. Box 6327

Amendment Section

Division of Corporations

Tallahassee, FL 32314

Articles of Amendment

Articles of Incorporation of

(Name of Corporation as currently file	Service Inc	
(Name of Corporation as currently fil	led with the Florida Dept. of State)	
D1800018684		
(Document Number of Co	rporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flor</i> its Articles of Incorporation:	rida Profit Corporation adopts the follow	wing amendment(s) to
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co' word "chartered," "professional association," or the abbreviation "P.A	". A professional corporation name mu	e abbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	in Florida, enter the name of the	
Name of New Registered Agent		
(Florida street a	nddress!	
p man sirer u	Casy	
New Registered Office Address: (Cir	, Florida	Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	and accept the obligations of the position	20日 1.08 - 2
Signature of New Regis	stered 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.

Example:	n'r tel	nn Dua	
X Change	<u>PT</u> <u>Jol</u>	<u>m Doe</u>	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	XINOMA Lopez	5977 queensit
Add			millon 76 32570
Remove			
2) Change			
Add			
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Artic (Attach additional sheets, if necessary).	(Be specific)
	
Fan amandmant neuvidae far an avaka	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amen	idment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
<u>-</u>	

The date of each amendment(s) adoption this document was signed.	otion: <u>32 J- 201</u> 5	, if other than th
Effective date <u>if applicable</u> :	3-28-2018 (no more than 90 days after amendment file da	
	(no more than 90 days after amendment file da	ite)
Note: If the date inserted in this block document's effective date on the Depa	ck does not meet the applicable statutory filing requirement of State's records.	ents, this date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes cast for the a cient for approval.	mendment(s)
	ved by the shareholders through voting groups. The followich voting group entitled to vote separately on the amenda	
"The number of votes cast for	r the amendment(s) was/were sufficient for approval	
by	(voting group)	
_ /	ed by the board of directors without shareholder action and	i shareholder
☐ The amendment(s) was/were adopte action was not required.	ed by the incorporators without shareholder action and sha	reholder
Dated 3 -	28-200 ut Varyis	
Signature U(1)	uts Vazy 5 etor, president or other officer – if directors or officers hav	to got have
selected, 1	by an incorporator – if in the hands of a receiver, trustee, of tiduciary by that fiduciary)	
	Cryped or printed name of person signing)	··
	(Typed or printed name of person signing)	
	P	
	(Title of person signing)	