18000026979

	Requestor's Name)			
(Address)			
	(Address)			
-	(City/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
-	Business Entity Name)			
Document Number)				
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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: C'S MOBILE DETAIL CORP DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: CISMOBILE DETAIL CORP (to be used for future annual report notification) For further information concerning this matter, please call: 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 (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment to Articles of Incorporation of

C'S MOBILE DETAIL COR!	2
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CO MILBILE DELATE CORT	
(Name of Corporation as currently	filed with the Florida Dept. of State)
P180000 ab979	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this F its Articles of Incorporation:	Torida Profit Corporation adopts the following 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 "Coword "chartered, "professional association," or the abbreviation "I	" "company," or "incorporated" or the abbreviation o". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	5 7
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
	., -
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	iss in Florida, enter the name of the
Name of New Registered Agent	
(Florida stre	at mild must
(r torua sire	a dadress)
New Registered Office Address:	, Florida
	with (wh code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent.—I am familiar w.	ith and accept the obligations of the position.
1	
Signature of New Re	gistered 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 speets, 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> <u>Joh</u>	n Doc	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
<u>X</u> Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1)Change	MRG	CECILYA PHILLIPS	1400 Jefferson Dr
Add Remove			HOMBSTEAD PL 33034
2) Change Add	<u> </u>	COURTNEY ORR	30101 SW158 AVE HOURSTEADED, 320003
Remove		·	
3) Change			-
Add Remove			
4) Change			
Add Remove			
5)Change			
Add			
Remore			
6) Change Add			
Pamara			

l' If amanding on	dding additional Articles, enter change(s) here:
(Attach <i>additiona</i>	sheets, if necessary). (Be specific)
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F. <u>If an amendmen</u>	t provides for an exchange, reclassification, or cancellation of issued shares,
provisions or i	mplementing the amendment if not contained in the amendment itself:
(ij not appu	icable, indicate N/A)
	
	
ł	
	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
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 discument's effective date on the Department of State's records.	ate 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 east for the amendment by the shareholders was/were sufficient for approval.	(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	nent (
"The number of votes east 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 sharehold action was not required.	ler
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Signature Deulya Inlips	
(13y a director, president or other officer – if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other cou appointed fiduciary by that fiduciary)	ırt
CECLYA PHILLIPS (Typed or printed name of person signing)	
CTitle of person signing)	
(Title of person signing)	