

P180000 79201

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

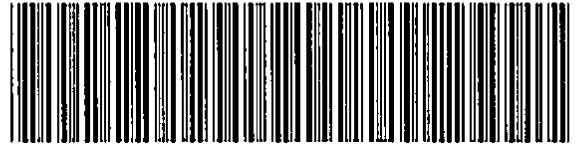
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900328976559

05/09/19--01017--017 \*\*30.00

900328976559  
06/14/19--01014--015 \*\*19.75

19 JUN 11 AM 8:59  
DIVISION OF CORPORATIONS

N/C  
6/12/19  
DC



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 7, 2019

MARIA M CALDAS-LORES  
MADE IN BRAZIL SERVICES  
12811 KENWOOD LANE STE 208  
FORT MYERS, FL 33907

SUBJECT: X CLEANING SERVICES INC  
Ref. Number: P18000079201

We have received your document for X CLEANING SERVICES INC and check(s) totaling \$30.00. However, the document has not been filed and is being returned for the following reason(s):

There is a balance due of \$13.75. Please return a copy of this letter to ensure your money is properly credited.

You failed to make the correction(s) requested in our previous letter.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young  
Regulatory Specialist II

Letter Number: 919A00010208



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 20, 2019

MARIA M CALDAS-LORES  
MADE IN BRAZIL SERVICES  
12811 KENWOOD LANE STE 208  
FORT MYERS, FL 33907

SUBJECT: X CLEANING SERVICES INC  
Ref. Number: P18000079201

We have received your document for X CLEANING SERVICES INC and check(s) totaling \$30.00. However, the document has not been filed and is being returned for the following reason(s):

There is a balance due of \$13.75. Please return a copy of this letter to ensure your money is properly credited.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

LLCCORPXSERVICES, INC - P09000053282

The form you submitted is for a LLC, but your entity is a CORP. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young  
Regulatory Specialist II

Letter Number: 919A00010208

2019 JUN -3 PM 4:14  
RECEIVED

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: X CLEANING SERVICES INC

DOCUMENT NUMBER: P18000079201

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARIA M. CALDAS -LOPES

Name of Contact Person

MADE IN BRAZIL SERVICE

Firm/ Company

12311 KENWOOD LANE STE #208

Address

FORT MYERS, FL 33907

City/ State and Zip Code

MADEINBRAZILSERVICES@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA M. CALDAS -LOPES

Name of Contact Person

at ( 239 )

810 - 6079

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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)

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

Fee has  
been paid

Articles of Amendment  
to  
Articles of Incorporation  
of

X CLEANING SERVICES INC  
(Name of Corporation as currently filed with the Florida Dept. of State)

P12000079201  
(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

X QUALITY SERVICES INC The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:  
(Principal office address MUST BE A STREET ADDRESS)

NIA

C. Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

NIA

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent NIA

(Florida street address)

New-Registered Office Address: NIA, 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.*

NIA  
Signature of New Registered Agent, if changing

FILED  
CORP. PART OF STATE  
DIVISION OF CORPORATIONS  
19 JUN 11 AM 8:59

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:

☒ Change                      PT      John Doe

☐ Remove                      V      Mike Jones

☐ Add                              SV      Sally Smith

| Type of Action<br>(Check One)      | Title | Name  | Address |
|------------------------------------|-------|-------|---------|
| 1) <input type="checkbox"/> Change | _____ | N/A   | _____   |
| <input type="checkbox"/> Add       | _____ | _____ | _____   |
| <input type="checkbox"/> Remove    | _____ | _____ | _____   |
| 2) <input type="checkbox"/> Change | _____ | N/A   | _____   |
| <input type="checkbox"/> Add       | _____ | _____ | _____   |
| <input type="checkbox"/> Remove    | _____ | _____ | _____   |
| 3) <input type="checkbox"/> Change | _____ | N/A   | _____   |
| <input type="checkbox"/> Add       | _____ | _____ | _____   |
| <input type="checkbox"/> Remove    | _____ | _____ | _____   |
| 4) <input type="checkbox"/> Change | _____ | N/A   | _____   |
| <input type="checkbox"/> Add       | _____ | _____ | _____   |
| <input type="checkbox"/> Remove    | _____ | _____ | _____   |
| 5) <input type="checkbox"/> Change | _____ | N/A   | _____   |
| <input type="checkbox"/> Add       | _____ | _____ | _____   |
| <input type="checkbox"/> Remove    | _____ | _____ | _____   |
| 6) <input type="checkbox"/> Change | _____ | N/A   | _____   |
| <input type="checkbox"/> Add       | _____ | _____ | _____   |
| <input type="checkbox"/> Remove    | _____ | _____ | _____   |

E. If amending or adding additional Articles, enter change(s) here:

*(Attach additional sheets, if necessary). (Be specific)*

N/A

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,  
provisions for implementing the amendment if not contained in the amendment itself;

*(if not applicable, indicate N/A)*

N/A

The date of each amendment(s) adoption: 05/02/2019 . . . if other than the date this document was signed.

Effective date if applicable: 05/02/2019 . . .  
(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 will not be listed as the document's effective date on the Department of State's records.

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.

Dated 05/02/2019

Signature Marluce Vieira  
(By 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 court appointed fiduciary by that fiduciary)

Marluce V. Vieira  
(Typed or printed name of person signing)

P  
(Title of person signing)