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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION:	SERVICES, INC	
DOCUMENT NUMB	D19/09/092307		
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	condence concerning this ma	tter to the following:	
1	INEY QUINTANA		
_		Name of Contact Persor	11
_		Firm Company	<u>.</u>
1	0402 ROSEMOUNT DRIV	E	
_		Address	
	'AMPA, FL 33624		
		City/ State and Zip Code	c
Itjelean	ing2018@yahoo.com		1/
	E-mail address; (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
LINEY QUINTANA		at (813	476-0694
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made [payable to the Florida Depa	ortment of State;
S35 Filing Fee	□\$43.75 Faling 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)
Amen Divisi P.O. I	ng Address dment Section on of Corporations Box 6327 nassec, FL 32314	Amend Divisio Clitton 2661 E	Address iment Section in of Corporations Building xecutive Center Circle issee, FL 32301

Articles of Amendment to Articles of Incorporation of

LTJ CLEANING SERVICES, INC

(Name of Corporati				
4444444	on as currently t	iled with the Florida i	Dept. of State)	
8000083397				
(Docum	nent Number of C	orporation (if known)		
rsuant to the provisions of section 607,1006, Florida Articles of Incorporation:	a Statutes, this Flo	orida Profit Corporatio	n adopts the following an	nendment(:
If amending name, enter the new name of the co	orporation:			
me must be distinguishable and contain the wor orp.," "Inc.," or Co.," or the designation "Corp rd "chartered," "professional association," or the	e" "Inc." or "Co	". A professional cor	orporated" or the abbre	
Enter new principal office address, if applicable	<u>e:</u>			
incipal office address <u>MUST BE A STREET ADI</u>				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u>)X</u>)			
If amending the registered agent and/or register new registered agent and/or the new registered	red office address office address:	s in Florida, enter the	name of the	
Name of New Registered Agent	-			
	(Florida street	address)		
			, Florida	
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·		(Zip Code	

18 DEC 14 AMII: 60

Page 1 of 4

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; F = 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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	\underline{SY}	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
E Change	<u>V</u>	IOSBERT TERGA	10402 ROSEMOUNT DRIVE
Add			TAMPA, FL 33624
Remove			
2) Change	GM	CARLOS M ROSALES	10402 ROSEMOUNT DRIVE
X Add			TAMPA, FL 33624
Remove			
3) Change	<u>s</u>	PEDRO QUINONES	10402 ROSEMOUNT DRIVE
X Add			TAMPA, FL 33624
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	sheets, if necessary).	. (Be specific)			

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· ·				· · · · · · · · · · · · · · · · · · ·	
f an amendmen	l provides for an exc	change, reclassifica	tion, or cancellation	of issued shares,	
<u>provisions for in</u>	mplementing the am cable, indicate NVA)	endment if not con	tained in the amend	<u>ment itself:</u>	
(if not applie		, _ ·	<u>-</u>		
(if not applic					
(if not applic		 ,			
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(if not appli					
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12/10/2018	
Uhe date of each amendment(s) adoption:	, if other than the
Effective date <u>if applicable</u> :	
(no more than 90 days after amendment file date)	
Sote: If the date inserted in this block does not meet the applicable statutory filing requirements, this clocument's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
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.	US)
The amendment(s) was/were approved by the shareholders through voting groups. The following states must be separately provided for each voting group entitled to vote separately on the amendment(s):	nent
"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 sharehold action was not required.	der
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
12/10/2018	
DatedSignature	
(By a director, president or other officer - if directors or officers have not beer	
selected, by an incorporator – if in the hands of a receiver, trustee, or other co- appointed fiduciary by that fiduciary)	ur1
LINEY QUINTANA	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	