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## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

NAME OF CORPORATION: ELITE MAIDS OF	FORLANDO, INC.					
DOCUMENT NUMBER: P18000093256						
The enclosed Articles of Amendment and fee are su	bmitted for filing.					
Please return all correspondence concerning this mat	tter to the following:					
ELISABETH PAULIER DE	RONDON					
	Name of Contact Person					
ELITE MAIDS OF ORLANG	DO, INC.					
<del></del>	Firm/ Company					
13512 GORGONA ISLE DR	• •					
-	Address					
WINDERMERE, FL 34786						
	City/ State and Zip Code					
ELISABETH_PAULIER@HOTM	AIL.COM					
E-mail address: (to be us	sed for future annual report notification)					
For further information concerning this matter, please ELISABETH PAULIER DE RONDON	se call:					
	at ()					
Name of Contact Person	Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made I	payable to the Florida Department of State:					
\$35 Filing Fee Certificate of Status	□\$43.75 Filing Fee & □\$52.50 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

## Articles of Amendment to Articles of Incorporation of

ELITE MAIDS OF ORLANDO, INC.

(Name of Corporation as curr	rently filed with the Florida Dept. of State)
P18000093256	
(Document Numb	ber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	<u>n:</u>
	The new
name must be distinguishable and contain the word "corport" ("Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," word "chartered," "professional association," or the abbreviate	or "Co". 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> )	. 20
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 new registered agent and/or the new registered office ado	
·	<u> </u>
Name of New Registered Agent	
(Florid	da street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered A	.gent:
I hereby accept the appointment as registered agent. I am fami	
Signature of N	New Registered 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: $\underline{X}$ Change	<u>PT</u>	John Do	<u>oc</u>	
X Remove	<u>v</u>	Mike Jo	ones .	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) X Change	PVTS		ELISABETH PAULIER DE RONDO	13512 GORGONA ISLE DRIVE
Add		_	<del></del>	WINDERMERE, FL 34786
Remove				
2) Change	VP		ONEIMYS DIAZ	4803 S KIRKMAN ROAD
Add		_		ORLANDO, FL 32811
X Remove				
3 ) Change		_		
Add				
Remove				· · · · · · · · · · · · · · · · · · ·
4) Change				
Add				
Remove				
5) Change				
Add		_		
Remove				
6) Change		_		
Add				
Remove				

	eets, if necessary).	(Be specific)	<u>here</u> :		
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	rovides for an exch	ange, reclassification	n, or cancellation of	issued shares,	
f an amendment pr	lementing the ame	<u>ndment if not contair</u>	ned in the amendme	nt itsell:	
provisions for imp	ole_indicate N/A)				
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	tion:	, if other than the
date this document was signed. 07/19/20	019	
Effective date if applicable:		ys after amendment file date)
<b>Note:</b> If the date inserted in this block document's effective date on the Depart	k does not meet the applicable	statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted by the shareholders was/were suffice		nber of votes cast for the amendment(s)
☐ The amendment(s) was/were approve must be separately provided for each		voting groups. The following statement separately on the amendment(s):
"The number of votes cast for	the amendment(s) was/were suf	fficient for approval
by	(voting group)	"
☐ The amendment(s) was/were adopted action was not required.	d by the board of directors with	out shareholder action and shareholder
☐ The amendment(s) was/were adopted action was not required.	d by the incorporators without s	shareholder action and shareholder
10/10/2019 Dated		
Signature	) Noude	
selected, b	•	if directors or officers have not been ands of a receiver, trustee, or other court
EL	ISABETH PAULIER DE RON	NDON
	(Typed or printed name	e of person signing)
PR	ESIDENT	

(Title of person signing)