

P18000102929

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

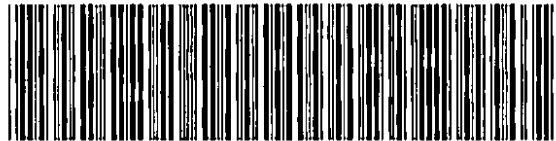
Special Instructions to Filing Officer:

Added "Martinez"
per Mrs Garcia's
instructions.

JUN 28 2019

T SCHROEDER

Office Use Only



100330246121

06/17/19--01019--008 **35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

19 JUN 17 AM 11:12

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JUN 28 2019

T SCHROEDER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: We can do it Cleaning Co.
DOCUMENT NUMBER: PI8000102929

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

Please return all correspondence concerning this matter to the following:

Melanie Garcia
Name of Contact Person

2222 Lake worth Rd Apt 202
Firm/ Company
Address

Lake worth FL 33461
City/ State and Zip Code

melaniegarcia0826@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melanie Garcia at (860) 322-9898
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:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

to
Articles of Incorporation
of

(Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number of Corporation (if known))

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

2937 Via del lago lake worth
florida 33461

same

Name of New Registered Agent Johana Reyes Martinez
2937 Via del Lago
(Florida street address)

New Registered Office Address: Lake Worth, Florida 33461
(City) (Zip Code)

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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SEAL POINT STATION
FALL RASHER RECORD

(Attach additional sheets, if necessary)

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.

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>

Address

1) <input type="checkbox"/> Change	<u>P</u>	<u>Melanie Garcia</u>	<u>2222 Lake Worth Dr</u>
<input type="checkbox"/> Add			<u>APT 202 Lake Worth</u>
<input checked="" type="checkbox"/> Remove			<u>FL 33461</u>

2) X Change VP 10P Johana Reyes 2937 Via del Lago
~~X~~ Add Martinez Lake Worth FL
 Remove 33461

3) ☐ Change ☐ Add ☐ Remove

4) _____ Change _____
_____ Add _____
_____ Remove _____

5) _____ Change _____
_____ Add _____
_____ Remove _____

6) _____ Change _____
 _____ Add _____
 Remove

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SECOND CLASS MAIL
FALL APASSPORT OFFICE

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

(if not applicable, indicate N/A)

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U.S. DEPT. OF STATE
FALL ARMYCREEK, FLORIDA

date this document was signed.

Effective date if applicable: June 14 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 June 14 2019

Signature Johana Reyes

(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)

Johana Reyes Martinez
(Typed or printed name of person signing)

New President, Former Vice President
(Title of person signing)

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TALLAHASSEE, FLORIDA