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C. GOLDEN
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### **COVER LETTER**

Division of Corporations
NAME OF CORPORATION: Beyond Cleaning Services Tre
DOCUMENT NUMBER: <u>P1900003975</u>
The enclosed Articles of Amendment and fee are submitted for filling.
Please return all correspondence concerning this matter to the following:
Name of Contact Person  Real Services Covaulting  Firm/ Company
Firm/Company
3451 NW 14th Lue
Address
Paral 2 1 (1 22011)
Tompauo Beach, FL 33064 City/ State and Zip Code
Atendiments Overlservices consulting com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (954), 3713606  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (Additional copy is chelosed)  Certified Copy (Additional Copy is chelosed)

## **Mailing Address**

TO: Amendment Section

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

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Beyond Cheaning Ser	Vices Svc urrently filed with the Florid	2019 HAY 28 PM 3: 50
	urrently filed with the Florid	da Dept. of State)
P19000003975		
(Document No	mber of Corporation (if know	n)
Pursuant to the provisions of section 607.1006, Florida Statutits Articles of Incorporation:		ation adopts the following amendment(s
A. If amending name, enter the new name of the corpora	non:	
	<del></del>	The new
name must be distinguishable and contain the word "corp.," "Inc.," or Co.," or the designation "Corp.," "Inc word "chartered," "professional association," or the abbrev	"," or "Co". A professional	
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u>	)	
	<del></del>	
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 off new registered agent and/or the new registered office	ce address in Florida, enter	the name of the
Name of New Registered Agent		
	\	<del> </del>
	orida street address)	<del>,</del>
(11	orma street anaress)	
New Registered Office Address:		Florida
	(City)	ıZip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am for		ligations of the position.
	•——	
Signature o	f New Registered Agent, if cha	
	,	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name 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 = C Executive Officer: CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each of 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. Ther 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 Char Mike Jones, V as Remove, and Sally Smith, SV as an Add.

<ul> <li>Mike Jones, V as Remov</li> <li>Example:</li> </ul>	e, and Sal	lly Smith, SV as an Add.	
X Change	<u>PT</u>	John Doc	
X Remove	$\underline{V}$	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	VP	_ Julia Marilda Felicio Granchi	308 NW 48th Ct
<u> </u>		Felicio Granchi	Pompaus Beach, Fl
Remove		,	33064
2) Change	<del></del>		
Add			
Remove			<del>/</del>
3) Change		<del>-</del>	
Add			
Remove			
4) Change		<del></del>	
Add			
Remove			
5) <u>A</u> Change			
Add	_		
Remove			
6) Change			
Add			
Remove			

	g or adding additional Art tional sheets, if necessary).	(Be specific)	<del>-</del>	
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an ameno	dment provides for an excl	unna raelaccification or	cancellation of issued shares,	
<u>provisions</u>	for implementing the ame	ndment if not contained	n the amendment itself:	
(if not	applicable, indicate N/A)			
	·			
	<del></del>			
	<del></del>		/	

The date of each amendment(s) adoption: 430/2019 if other 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 date will not be listed 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
☐ 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.
Signature  (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)
Thacka Alucs Gallas Carvallo (Typed or printed name of person signing)
(Title of person signing)