P19000015252

Ŕ	equestor's Name)		
(A	ddress)		
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(C	ity/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(B	usiness Entity Nar	ne)	
(D	ocument Number)		
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Amend

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COVER LETTER

Division of Corporations
NAME OF CORPORATION: AUNT FOY'S CLEANING SETVICE DOCUMENT NUMBER: P19000015252
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person Aut Fals Cleaning Levice Inc. Firm/ Company) Address Address City/ State and Zip Code Authorschaing Service and Company E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Norma Back Domai (50) 201-8586 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:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

* TO: Amendment Section

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

to

Aunt Fais Cleaning Sen	ice Inc.
Name of Corporation as gurrently f	iled with the Florida Dept. of State)
Y19000015252	
(Document Number of Co	orporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flo</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
^/	A
name must be distinguishable and contain the word "corporation" "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co word "chartered," "professional association," or the abbreviation "P./	". 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>)	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A = = = = = = = = = = = = = = = = = = =
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	in Florida, enter the name of the
Name of New Registered Agent /	
(Florida street	address)
New Registered Office Address:	Florida
/ (Ci	ty) (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.
	Spered Agent, if changing
Signature of New Regi	stered 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: X Change	PT John	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	DAMA	Doma Palemire	309 Lake Circle #204
Add			worth Jalm Beach
Remove			<u> 47.33408</u>
2) Change	DI	Norma Back	309 Lake Circle #30
Add Remove			TL. 33408
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional shee	ts, if necessary	rticles, enter chang). <i>(Be specific)</i>	ets) nere.			
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		/V/A				
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an amendment pro	vides for an ex	change, reclassific	ation, or cancell	ation of issued s	shares,	
royisions for imple (if not applicable	menting the an . indicate N/A)	nendment if not co	ntain <u>ed</u> in the ar	<u>nendment itself</u>	<u>:</u>	
	· · · · · · · · · · · · · · · · · · ·					
		1//		<u> </u>		
	-	N/A	· · · · · · · · · · · · · · · · · · ·	 		
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The date of each amendment(s) ado late this document was signed.	ption:	, if other than the
-	,	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Department.	ck does not meet the applicable statutory filing requirements, this date artment of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopt by the shareholders was/were suff.	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.	
	oved by the shareholders through voting groups. The following statement such voting group entitled to vote separately on the amendment(s):	rt.
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopt action was not required.	sed by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopt action was not required.	ted by the incorporators without shareholder action and shareholder	
Dated 4-9-	-19	
Signature	Torma Bock	
selected,	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court	
-	Hiduciary by that fiduciary) OKMA BOOK	
<u>\(\frac{1}{2} \)</u>	(Typed or printed name of person signing)	
	\bigcap T	

(Title of person signing)