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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: A & K CLEANIN	G SERVICES INC	
DOCUMENT NUM	P19000016858		 .
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	itter to the following:	
	SANTOS, THELMA		
		Name of Contact Person	1
		Firm/ Company	
	1100 JASMIN AVE		
	FORT PIERCE, FL 34982	Address	
		City/ State and Zip Cod	e
sant	osthelma89@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
SANTOS, THELMA	\ 	at (6708375
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	urtment of State:
□ \$35 Filing Fee	☐\$43.75 Filing 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)
An Div P.C	niling Address nendment Section vision of Corporations D. Box 6327 lahassee, FL 32314	Amend Divisio Clifton	Address ment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

· []

A & K CLEANING SERVICES INC

2319 HO 122 PH 12: 46

(Name of Corporat	tion as currently filed with the Florida Dept. of State)
P19000016858	
(Досиг	ment Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	da Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the c	orporation:
	The new
	rd "corporation," "company," or "incorporated" or the abbreviation o," "Inc," or "Co". A professional corporation name must contain the eabbreviation "P.A."
B. Enter new principal office address, if applicable	e:
(Principal office address <u>MUST BE A STREET AD</u>	DRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	2X)
(
	· · · · · · · · · · · · · · · · · · ·
D. If amending the registered agent and/or registe new registered agent and/or the new registered	red office address in Florida, enter the name of the doffice address:
	
Name of New Registered Agent	
	(Florida street address)
V 10 10 10 11	
New Registered Office Address:	, Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Reg	gistered Agent:
	I am familiar with and accept the obligations of the position.
Sigr	nature of 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: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>v</u> .	Kiryan Abigail Montufar Cast	aneda 424 N 6th Street Apt B
Add			Fort Pierce, FI 34950-8108
X Remove			
2) Change			
Add			
Remove			
3) Change			<u> </u>
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change		_	
Add			
Remove			

(Atta	nending or adding additional Articles, enter change(s) here: sch additional sheets, if necessary). (Be specific)
Curren	tly removing - "Kiryan Abigail Montufar Castaneda" as Vice President of the company
•	
: If o	namendment provides for an exchange, reclassification, or cancellation of issued shares,
pro	visions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

The date of each amendment(s) adoption:, if other the date this document was signed.
Effective date if applicable:
Effective date <u>if applicable</u> : (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) (<u>CHECK ONE</u>)
☐ 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 November 12, 2019. Signature Wy Sartos
Signature XXIV S(A) 405
(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)
Thelma Santos
(Typed or printed name of person signing)
President
(Title of person signing)