P19000029167

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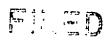
R. WHITE
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DESTINY'S CLE	ANING & HANDYMAN S	ERVICES INC.			
DOCUMENT NUN	1BER: P19000029167					
The enclosed Article	es of Amendment and fee are su	bmitted for filing.				
Please return all corr	respondence concerning this ma	tter to the following:				
	ELVIA E. VALENTIN					
		Name of Contact Person				
	DESTINY'S CLEANING & HANDYMAN SERVICES INC.					
		Firm/ Company				
	7107 FOX QUARRY LN					
		Address				
	SANFORD, FL 32773					
		City/ State and Zip Code				
INI	ERXPRESS@USA.COM					
	_	sed for future annual report	notification)			
For further informat	ion concerning this matter, pleas	407	692-1005			
Nam	e of Contact Person	at (Area Co	de & Daytime Telephone Number			
Enclosed is a check	for the following amount made		•			
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 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



DESTINTS CLEANING & HANDTMAN SERVIC	CES INC	2019 HAY 28	AM 11: 1. 8
(Name of Corpora	tion as currently filed with t	the Florida Dept. of State)	
P19000029167			.7.2
(Docu	ment Number of Corporation	(if known)	
Pursuant to the provisions of section 607,1006, Flories Articles of Incorporation:	da Statutes, this <i>Florida Prof</i> .	Tit Corporation adopts the fo	llowing amendment(
. If amending name, enter the new name of the	corporation:		
			The new
name must be distinguishable and contain the we "Corp.," "Inc.," or Co.," or the designation "Cor word "chartered," "professional association," or th	rp," "Inc," or "Co". A proj		
3. Enter new principal office address, if applicab Principal office address <u>MUST BE A STREET AD</u>			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	(OX)		
D. If amending the registered agent and/or regist new registered agent and/or the new registered		ia, enter the name of the	
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:		, Florida	
	(City)		(Zip Code)
New Registered Agent's Signature, if changing Rehereby accept the appointment as registered agent.		ept the obligations of the pos	ition.
e:.	anatora of Nov. Parietared Ag		

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 Doc					
X Remove	<u>V</u>	Mike Jones					
X Add	<u>sv</u>	Sally Smith					
Type of Action (Check One)	<u>Title</u>	<u>1</u>	Name .	<u>Addres</u> s			
1) Change	MGR		JOSE L. VALENTIN	7107 FOX QUARRY LANE			
Add				SANFOD, FL 32773			
X Remove							
2) Change		_ -					
Add							
Remove				•			
3) Change							
Add							
Remove							
4) Change							
Add							
Remove							
5) Change	***		<u></u>				
Add							
Remove							
6) Change							
Add				•			
Remove							

		additional Ar s, if necessary)	ticles, enter ch . (Be specific				
Only	addit	ionally	will be	adding	business	EIN#	83 - 435 487
						-	
	4						
		······································			· · · · · · · · · · · · · · · · · · ·		
provision	ıs for implen				ellation of issued amendment itself		
N/A	+						
	***	•				P	
							, <u> </u>

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
	5/01/2019	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendme sufficient for approval.	nt(s)
	approved by the shareholders through voting groups. The following state for each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareho	older
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
5/01/20	19	
Dated Signature	laig Valelin	
(By sele	a director, president or other officer – if directors or officers have not be cted, by an incorporator – if in the hands of a receiver, trustee, or other cointed fiduciary by that fiduciary)	
	ELVIA E. VALENTIN	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	