## P19000055021

(	Requestor's Name)	
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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: LINA CLEANER	SERVICES CORP	
DOCUMENT NUN	IBER: P19000058021		
	s of Amendment and fee are st	ibmitted for filing.	
Please return all con	espondence concerning this ma	tter to the following:	
	JUAN TORRES FUENTES		
		Name of Contact Person	n
	LINA CLEANER SERVICE	S CORP	
		Firm/ Company	
	428 NE 25TH ST		
		Address	
	CAPE CORAL, FLORIDA 3	3909	
		City/ State and Zip Cod	e
itles	agohit(a/gmail.com		
<del></del>		sed for future annual report	notification)
		,	
For further informati	on concerning this matter, pleas	se call:	
JUAN TORRES FU	ENTES	239	6726302
	of Contact Person	at (239	) de & Daytime Telephone Number
Same	OF COMBACT PERSON	Area Co	de & Daytine Telephone Bumber
Enclosed is a check (	for the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status
	ailing Address		Address Iment Section
	vision of Corporations		on of Corporations
P.C	). Box 6327	Clifton	Building
Ta	Ilahassee, FL 32314		Executive Center Circle
		Lallaha	assee, FL 32301

## Articles of Amendment to Articles of Incorporation of

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(Name of Corporation	as currently filed with t	he Florida Dept. of State	()		
P19000058021					
(Docume	nt Number of Corporation	(if known)			
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	statutes, this <i>Florida Profi</i>	t Corporation adopts the t	following	amendi	nent(s)
A. If amending name, enter the new name of the cor	oration:				
				The no	
nome must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp." word "chartered," "professional association," or the a	"Inc," or "Co". A prof	y," or "incorporated" o essional corporation nam	r the abl c must co	reviati main 1	on he
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDI</u>	<u>ESS</u> )				-
	<del></del>		<u> </u>	6	-
			, 	<del>-8</del> -	-77
C. Enter new mailing address, if applicable:		•	£.	12	-
tMailing address <u>MAY BE A POST OFFICE BOX</u>			1		- [ ]
			·	12.	' ــا
			<u> </u>		_
D. <u>If amending the registered agent and/or registere</u>		a, enter the name of the	7.	O	
new registered agent and/or the new registered o	fice address:				
Name of New Registered Agent					
	(Florida street address)				
New Registered Office Address:		Florida_			<b></b>
	(City)		(Zip Co	(de)	
New Registered Agent's Signature, if changing Regis					
I hereby accept the appointment as registered agent. I	im familiar with and acce	pt the obligations of the pe	isition.		
		,			
		,			
Siona	ure of New Registered Age	nt. 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 \( \tau \) Director; TR \( \tau \) 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: <u>X</u> Change	<u>PT</u>	John Dog	
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	V	LINA FUENTES MENDEZ	428 NE 25TH ST
X Add			CAPE CORAL, FL 33909
Remove			
2) Change			100.000
Add			·
Remove			
3.) Change			
Add			
Remove			
4) Change			
Add			·
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary)	(Be specific)
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(it not applicable, indicate N/A)	

	10/01/2019	
The date of each amendment() date this document was signed.	adoption:	, 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 the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date with Department of State's records.	ll not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes east for the amendment(s) e sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
10:01/2 Dated		
Signature	In a	
(By sele	a director, president or other officer – if directors or officers have not been reted, by an incorporator – if in the hands of a receiver, trustee, or other court officery by that fiduciary)	_
	JUAN TORRES FUENTES	
	(Typed or printed name of person signing)	<del></del>
	PRESIDENT	
	(Title of person signing)	<del></del>