P19000070940

(Re	questor's Name)				
(Ad	dress)				
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(Cit	y/State/Zip/Phone	: #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nam	ne)			
(Document Number)					
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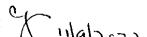
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COVER LETTER

Division of Corp		. •	•		
NAME OF CORPOI	RED SKY CLE	ANING INC			
	P19000070940				
DOCUMENT NUMI	3EK:	-			
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.			
Please return all corre	spondence concerning this ma	atter to the following:			
	LAZARA HERNANDEZ				
	Name of Contact Person RED SKY CLEANING INC				
	125 CASA PLACE	Firm/ Company			
	Address PANAMA CITY BEACH, FL 32413				
		City/ State and Zip Cod	e		
	REDSKYCLEANING93@GMA	SIL.COM			
	E-mail address: (to be u	sed for future annual report	notification)		
For further informatio	n concerning this matter, plea	se call:			
LAZAF	LA HERNANDEZ		8509046446		
Name of Contact Person		at ()			
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:		
\$35 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		Ameno Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810		
		Tallahassee, FL 32303			

Articles of Amendment to Articles of Incorporation \mathbf{of}

RED SKY CLEANING INC

2022 AUG -2 PH 1:21

(Name of Corporation as current	tly filed with the Florida Dept. of State)		
			
(Document Number of	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to		
A. If amending name, enter the new name of the corporation:			
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word		
B. Enter new principal office address, if applicable:	495 GRAND BOULEVARD		
(Principal office address MUST BE A STREET ADDRESS)	SUITE 206		
	MIRAMAR BEACH, FL 32550		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	125 Casa Place		
	Panama City Beach, FL		
	32413		
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres			
Name of New Registered Agent			
(Florida si	treet address)		
New Registered Office Address:	, Florida		
	(City) (Zip Code)		
Now Designated Agent's Circusture if changing Designated Agen	4.		
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar			
OocuSigned by:	:		
LAZARA H	termintel		
Signature of New 1	Registered Agent, if changing		
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11)) (e), F.S.		

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.

X Change	<u>PT</u>	<u>John Do</u>	<u>e</u> .	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>SV</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change	,			
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		-		
Add				
Remove				
6) Change		_		
Add				
Remove				

	heets, if necessary).	(Be specific)			
<u> </u>					
					
					
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an amendment i	provides for an exch	ange, reclassificat	ion, or cancellation	of issued shares.	
provisions for im	plementing the amer	ndment if not cont	ained in the amen	dment i <u>tself:</u>	
(if not annlice	ible, indicate N/A)				
19 000 499000					
Ch was addresses					·
					
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Cy ma spyricu			_		
Q ma approx					
Ci ma sipprica					
Q ma sppmu					
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The date of each an		ption:7	7/19/2022 		if other than the
Effective date if app					
	·	(no more th	an 90 days after amendi	ment file date)	
		ck does not meet the a artment of State's recor		g requirements, this date will	not be listed as the
Adoption of Ameno	iment(s)	(<u>CHECK ONE</u>)			
The amendment(s		ed by the incorporators	s, or board of directors w	vithout shareholder action and s	shareholder
	· ·	ed by the shareholders.	. The number of votes ca	ast for the amendment(s)	
must he separate	ly provided for ed	ich voting group entitle	s through voting groups. ed to vote separately on the separately on the separately on the separately of the separately		
by				.,	
0,		(voting group)			
Da	nted	7/19/2022	DocuSigned by:		
Si	gnature		LAZARA HERI	· - -	_
	selected.			officers have not been er, trustee, or other court	
			LAZARA HERNANDEZ	Z	
	_	(Typed or pri	nted name of person sign	ning)	
			PRESIDENT		

(Title of person signing)