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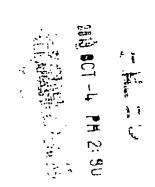
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COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations
NAME OF CORPORATION: MA deta Cleaning Services Corp
DOCUMENT NUMBER: P19000071252
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 MAGETA CLEANING SCIENCES CORP. Firm/ Company THEASURER DR # 823 Address Address City/ State and Zip Code TANIATIRADO TTRE GMAIL CAM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person 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:
\$35 Filing Fee \$\Bigcup \text{\$\subseteq}
Mailing Address Amendment Section Street Address Amendment Section

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

Articles	s of Incorporation			
$\Lambda / \Lambda $	of .	\bigcap	47. J.	ę 🔨
MAdeTA Cleaning	Services	CORP.	The state of the s	, F
(Name of Corporation as ex)	<u> </u>
P 150000	71252			
(Document Nur	mber of Corporation (if known	own)	The same of the sa	ري .
suant to the provisions of section 607.1006, Florida Statute Articles of Incorporation:	es, this <i>Florida Profit Corp</i>	poration adopts the f	ollowing amending	ون ent(s) to
If amending name, enter the new name of the corporati	ion:			
$\mathcal{N}/_{\mathbf{A}}$.			The new	·•
ne must be distinguishable and contain the word "corp orp.," "Inc.," or Co.," or the designation "Corp," "Inc, rd "chartered," "professional association," or the abbrevi	" or "Co". A profession			
Enter new principal office address, if applicable:	N_A			
incipal office address <u>MUST BE A STREET ADDRESS</u>))	-		
Enter new mailing address, if applicable:	41/2			
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	~//1			
If amending the registered agent and/or registered offic		er the name of the		
new registered agent and/or the new registered office a	daress:			
Name of New Registered Agent V/A				
/				
(Flo	orida street address)	•		
N. D. C. 1600 (11)		121		
New Registered Office Address:	(Citv)	, Florida	(Zip Code)	
			•	
w Registered Agent's Signature, if changing Registered	Agent:			
reby accept the appointment as registered agent. I am fai	miliar with and accept the	obligations of the po	sition.	

Signature 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:	ve, ana nanj om	1111, 11, 43 411 1144.	
X Change	<u>PT</u> <u>Joh</u>	nn Doe	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	<u>P</u>	(Odalys PARRA	7600 E TRONSURS Dr.
Add Remove			7600 E TRUNSURS Dr. Apri 823 Minin Bench, Mb 33141
2) Change	P	TANIA Tirado Roa	driquez
Add	1	,	7601 E TREASURE DR #823 -MIAMI BEACH, HA 3314
Remove			- Miami Beach, Hs 3314
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
E/N/ 84-3086704	
Please Update.	
y	
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	
Nore-INIA	

The date of each amendment(s) adoption: September 9 2019, if other than the document was signed.
date this document was signed.
Effective date if applicable: (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 as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
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)
(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 September 9 2019 Signature
(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)
Odalys KARRA
(Typed or printed name of person signing)
EX- President.
(Title of person signing)