

PI9000084948

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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(Business Entity Name)

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Amend

04/12/21--01014--013 **35.00

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2021 JUN 24 AM 9:20

FILED

JUL 08 2021
A RAMSEY

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Trust the Vision Cleaning Services Inc.

DOCUMENT NUMBER: P19000084948

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Oneika Graham

Name of Contact Person

Trust the Vision Cleaning Services Inc.

Firm/ Company

390 112th Ave N 4202

Address

Saint Petersburg, FL 33716

City/ State and Zip Code

trustthevisioncleaningservices@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Oneika Graham

at (813) 279-9650

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

☐ \$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)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 14, 2021

ONEIKA GRAHAM
390 1132 AVE N 4202
ST PETERSBURG, FL 33716

SUBJECT: TRUST THE VISION CLEANING SERVICES, INC
Ref. Number: P19000084948

We have received your document for TRUST THE VISION CLEANING SERVICES, INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please have Oneika Graham sign the last page of the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 421A00013204

RECEIVED
JUN 24 2021

Articles of Amendment
to
Articles of Incorporation
of

Trust the Vision Cleaning Services Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P19000084948

(Document Number of Corporation (if known))

FILED
2027 JUN 24 AM 9:20
CLERK OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

N/A

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent N/A

(Florida street address)

New Registered Office Address: N/A

(City)

, Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

☒ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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.

Example:

☒ Change PT John Doe

☐ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	Dir	Caleb gordon	390 112th Ave N 4202
<input type="checkbox"/> Add			Saint Petersburg, FL 33716
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	Dir	Samaria Gordon	390 112th Ave N
<input type="checkbox"/> Add			Saint Petersburg, FL 33716
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	Dir	Warren K Morris jr.	6200 21st So
<input type="checkbox"/> Add			Saint Petersburg, FL 33712
<input checked="" type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	CEO/Pro	Oneika Graham	390 112th Ave N 4202
<input checked="" type="checkbox"/> Add			Saint Petersburg, FL 33716
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

N/A

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)

N/A

-4/5/2021

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

06/1/2021

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 incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ 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):*

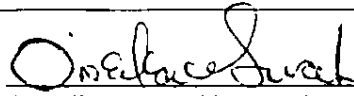
"The number of votes cast for the amendment(s) was/were sufficient for approval

by N/A _____"
(voting group)

-4/5/2021

Dated _____

Signature

 6-21-21 (Signed)

(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)

Onika Graham

(Typed or printed name of person signing)

CEO/President

(Title of person signing)