

P190000 88823

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

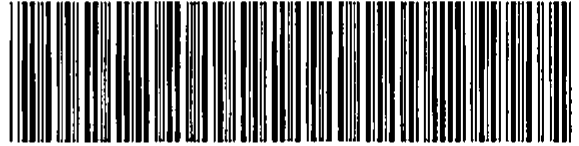
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2020 APR -6 AM 11:02

CLERK OF SUPERIOR COURT  
JANUARY 1, 2020

APR 07 2020  
S. YOUNG



PT - 5 PM 12:45

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 19, 2020

ALANA AYRES DE MOURA E SILVA  
MARQUISE CLEANING SERVICES INC  
15649 NW 38TH COURT  
MIAMI GARDENS, FL 33054

SUBJECT: MARQUISE CLEANING SERVICES INC.  
Ref. Number: P19000088823

We have received your document for MARQUISE 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):

Articles of Correction must be filed within 30 days of the date that the original document was filed.

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) 245-6050.

Shella H. Young  
Regulatory Specialist II

Letter Number: 720A00003645

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: MARQUISE CLEANING SERVICES INC

DOCUMENT NUMBER: P19000088823

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

Please return all correspondence concerning this matter to the following:

ALANA AYRES DE MOURA E SILVA

Name of Contact Person

MARQUISE CLEANING SERVICES

Firm/ Company

15649 NW 38TH COURT

Address

MIAMI GARDENS, FL, 33054

City/ State and Zip Code

MARQUISECLEANINGS@GMAIL.COM

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

For further information concerning this matter, please call:

ALANA AYRES

Name of Contact Person

786

8596516

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

Articles of Amendment  
to  
Articles of Incorporation  
of

MARQUISE CLEANING SERVICES INC

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

P19000088823

(Document Number of Corporation (if known))

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:**

MARQUISE SERVICES INC

*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 )**

10128 MARLIN DRIVE, BOCA RATON, FL,

33428

**C. Enter new mailing address, if applicable:**  
**(Mailing address MAY BE A POST OFFICE BOX )**

10128 MARLIN DRIVE, BOCA RATON, FL,

33428

**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 \_\_\_\_\_

(Florida street address)

New Registered Office Address: \_\_\_\_\_

(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.

2020 APR -6 AM 11:02  
STATE OF FLORIDA  
DEPT. OF REVENUE  
CORPORATION DIVISION

FILED

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

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

PLEASE, NOT THAT IS NO OFFICER, PRESIDENT OR DIRECTORS... THERE WAS A ERROR WHEN FILLED.

WANT TO ADD THE PRESIDENT, CHANGE ADDRESSES, MAILING ADDRESS AND REMOVE THE NAME

CLEANING FROM THE BUSINESS NAME. REGARDS

**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)*

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	PRES	ALANA A. DE MOURA E SILVA	10128 MARLIN DRIVE, BOCA RATON, FL, 33428
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <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			

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the 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 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 \_\_\_\_\_  
(voting group)

Dated 3/31/2020

Signature Alana Ayres de Moura e Silva  
(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)

ALANA AYRES DE MOURA E SILVA  
(Typed or printed name of person signing)

INCORPORATOR - President  
(Title of person signing)