

P20000005691

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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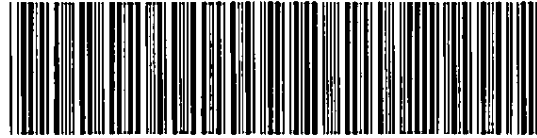
(Business Entity Name)

(Document Number)

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12/21/20 10:17:35

Amend

FEB 05 2021  
ALBRITTON

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** BEE CLEANING INC.

**DOCUMENT NUMBER:** P20000005691

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

Please return all correspondence concerning this matter to the following:

ROMEL S FRANCA

Name of Contact Person

BEE CLEANING INC

Firm/ Company

13868 SW 90 AVE MM-206

Address

MIAMI, FL 33176

City/ State and Zip Code

romelsf@hotmail.com

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

For further information concerning this matter, please call:

ROMEL S FRANCA

at ( 602 ) 772- 0008

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:

- |  |  |   |  |
|--|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee, | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>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

BEE CLEANING INC.

P20000005691

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (1) (c), F.S.

| <u>Type of Action</u><br>(Check One)       | <u>Title</u> | <u>Name</u>         | <u>Address</u>         |
|--|--------------|---------------------|------------------------|
| 1) <input type="checkbox"/> Change         | VP           | ISABELLE S. FALCONI | 13868 SW 90 AVE MM 208 |
| <input type="checkbox"/> Add               |              |                     | MIAMI, FL 33176        |
| <input checked="" type="checkbox"/> Remove |              |                     |                        |
| 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            |              |                     |                        |

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

[illegible]

(if not applicable, indicate N/A)

[illegible]

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 12/02/2020 \_\_\_\_\_

Signature Romel S. Franca  
(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)

ROMEL S. FRANCA  
(Typed or printed name of person signing)

PRESIDENT

\_\_\_\_\_  
(Title of person signing)