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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: NEATFREAKS CO	OMPLETE SERVICES CO	RP
DOCUMENT NUMB			
The enclosed Articles of	f Amendment and fee are sub	omitted for filing.	
Please return all corresp	oondence concerning this mat	ter to the following:	
1	LAZARO DIAZ CASTELLA	NOS	
-		Name of Contact Person	
1	NEATFREAKS COMPLETE	SERVICES CORP	
-		Firm/ Company	
:	275 SW 24TH AVE		
-		Address	
ī	FORT LAUDERDALE, FL 3	3312	
-		City/ State and Zip Code	
1	_AZARODIAZ350@GMAIL	COM	
-	E-mail address: (to be us	ed for future annual report	notification)
For further information	concerning this matter, pleas	e call:	
LAZARO DIAZ CAST	TELLANOS	954 at (8674090
Name o	f Contact Person	Area Coc	le & Daytime Telephone Number
Enclosed is a check for	the following amount made p	payable to the Florida Depa	rtment 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)
Amer Divis P.O.	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Division The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee 4. Monroe Street, Suite 810 ssee, FL 32303

Articles of Amendment to Articles of Incorporation οf

NEATFREAKS COMPLETE SERVICES CORP

	Articles of A	•	The state of the s
	Articles of In	-	
NEATFREAKS COMPLETE SERVICES CO			The Think
(Name of Cor	poration as current	ly filed with the Florida Dept. of St	tate) To The Control of the Control
P20000008631			1.
	Document Number of	of Corporation (if known)	7. Op.
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this	Florida Profit Corporation adopts t	he following amendment(s) to
A. If amending name, enter the new name o	f the corporation:		
name must be distinguishable and contain the w "Inc.," or Co.," or the designation "Corp." "chartered," "professional association," or th	"Inc," or "Co".	A professional corporation name n	The new abbreviation "Corp.," nust contain the word
B. Enter new principal office address, if app		1275 SW 24TH AVE	
(Principal office address <u>MUST BE A STREE</u>	TADDRESS)	FORT LAUDERDALE FL 3331	2
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1275 SW 24TH AVE FORT LAUDERDALE FL 33312	2
D. If amending the registered agent and/or new registered agent and/or the new registered.			<u>the</u>
Name of New Registered Agent			
1274	SW 24TH AVE		
	(Florida s)	reet address)	
New Registered Office Address:	T LAUDERDALE	, Flori	ida 33312 (Zip Code)
		(Ciṇ)	(Zip Code)
New Registered Agent's Signature, if changi I hereby accept the appointment as registered of			e position.
	Signature of New Y	A Registered Agent, if changing	

Check if applicable

 \Box 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, an 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 = Chie Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office hele President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doc 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>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	BEATRIZ KEBEDE LLANES	1275 SW 24TH AVE
X Add			FORT LAUDERALE FL 33312
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	. (Be specific)			
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		_		
If an amendment provides for an exc provisions for implementing the am (if not applicable, indicate N/A)	change, reclassifica tendment if not cor	ntion, or cancellation ntained in the amend	of issued shares, Iment itself:	
				.
				· · · · ·
				······································

	05/01/2020	12 4
The date of each amendment(s) adop	otion:	, if other than
date this document was signed.	2274	
05/01/2 Effective date <u>if applicable</u> :	(1)2()	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Depar	k does not meet the applicable statutory filing requirements, this date wirtment of State's records.	ill not be listed as
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopte action was not required.	ed by the incorporators, or board of directors without shareholder action an	ad shareholder
☐ The amendment(s) was/were adopte by the shareholders was/were suffice	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.	
☐ The amendment(s) was/were approximate the separately provided for each	ved by the shareholders through voting groups. The following statement ch 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		
Dated		
V) [
Signature Du a direction	ctor, president or other officer – if directors or officers have not been	
	by an incorporator – if in the hands of a receiver, trustee, or other court	
	fiduciary by that fiduciary)	
1.7	AZARO DIAZ CASTELLANOS	
	(Typed or printed name of person signing)	
PF	RESIDENT	
_	(Title of person signing)	