P20 0000 14340

(Requestor's Name)	
(Address)	9003488
(Address)	
(City/State/Zip/Phone #)	RECEI
(Business Entity Name)	
(Document Number)	07/28/200(i)
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



44799

VED 2020

‼3--022 ••35.UU

I ALBRITTON

COVER LETTER:

Division of Corporations NAME OF CORPORATION: C & N CLEANING GROUP INC DOCUMENT NUMBER: P20000014340 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ISMAEL CARPIO Name of Contact Person Firm/ Company 13000 BREAKING DAWN DR APT 345 Address ORLANDO, FL 32824 City/ State and Zip Code ISAMEL.CARPIO@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (407) 973-5113
Area Code & Daytime Telephone Number ISMAEL CAPRIO Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & ☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

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

~								
$C \mathcal{X}$	N	CI	.EAN	ING.	GRO	UP.	INC	

(Name of Corporation as currently	v filed with the Florida Dept. of State)
0000014340	<i>i</i> ,
(Document Number of	f Corporation (if known)
rsuant to the provisions of section 607.1006, Florida Statutes, this I	•
Articles of Incorporation:	
If amending name, enter the new name of the corporation:	
	The new
me must be distinguishable and contain the word "corporation," "c nc.," or Co.," or the designation "Corp," "Inc," or "Co". A hartered," "professional association," or the abbreviation "P.A."	1 professional corporation name must contain the word
Enter new principal office address, if applicable:	13000 BREAKING DAWN DR APT 345
rincipal office address <u>MUST BE A STREET ADDRESS</u>)	ORLANDO, FL 32824
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	13000 BREAKING DAWN DR APT 345
	ORLANDO, FL 32824
If amending the registered agent and/or registered office addr	ress in Florida, enter the name of the
new registered agent and/or the new registered office address:	<u>:</u>
Name of New Registered Agent	
13000 BREAKING DAWN	N DR APT 345
(Florida stre	eet address)
	32824
ORLANDO	
New Registered Office Address:	Florida ZZGZ4 (City) (Zip Code)

Check if applicable

☐ 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, 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.

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>	<u>Name</u>	<u>Addres</u> s
1) X Change	P	ISMAEL CARPIO	13000 BREAKING DAWN DR
, <u>—</u>	<u> </u>		APT 345
Remove			ORLANDO, FL 32824
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

I famonding or odding additional 4 sticles actor shows (1) have	
E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
	
	-
If an amendment provides for an exchange, reclassification, or cancellation of issued share provisions for implementing the amendment if not contained in the amendment itself:	<u>S.</u>
(if not applicable, indicate N/A)	

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 thi document's effective date on the	s block does not meet the applicable statutory filing req Department of State's records.	uirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors withou	at shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for sufficient for approval.	or the amendment(s)
• •	approved by the shareholders through voting groups. The for each voting group entitled to vote separately on the ar	v c
"The number of votes c	ast for the amendment(s) was/were sufficient for approva	1
by		
,	(voting group)	
Dated	1/21/2020 Usmacl Carpeo.	
(By sele	a director, president or other officer – if directors or office ted, by an incorporator – if in the hands of a receiver, trubinted fiduciary by that fiduciary)	
	ISMAEL CARPIO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	