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### **COVER LETTER**

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Leona's Carpet, Tile + Upholakey Cleaning In
DOCUMENT NUMBER: P20000018304
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Leona Ales e Name of Contact Person
Leona's Corpet, Tile outholsten Cleaning Firm/ Company
206 N. OFFECST St.
Ellenton, FL 34222
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Leona Alese at (941) 757-6704  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 \$\sum \frac{1}{2}\$43.75 Filing Fee \$\sum \frac{1}{2}\$43.75 Filing Fee \$\sum \frac{1}{2}\$43.75 Filing Fee \$\sum \frac{1}{2}\$Certified Copy \$\sum

#### 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 οf

(Name of Corporation as currently	filed with the Florida Dept. of State
_	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Clorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	TheTh
name must be distinguishable and contain the word "corporation," "co "Inc" or Co.," or the designation "Corp," "Inc," or "Co", A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	
	20
C. Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
	<u> </u>
D. If amending the registered agent and/or registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent Leona	Alese
206 N.	Utrechy St.
New Registered Office Address: Ellenton	
f.	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w.	ith and accept the obligations of the position.
J. A. M.	le-
Signature of New Reg	gistered Agent, if changing

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)

Example:

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	PT John Doc	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	Address
1) X Change	Pres Leonard Alexa	206 N. Utrecht St.
Add		Ellenton, FL 372LL
Remove		
2) Change	Pres Leona Alese	206 N. Utrect St.
X Add		Ellenton FL 3YUL
Remove Change		
Add		
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		<del></del>
Remove		

Attach additional sheets, if necessary).	rticles, enter change(s) here: 
	<del></del>
	·
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•••	
·-	
f an amendment provides for an exc	change, reclassification, or cancellation of issued shares,
provisions for implementing the am	nendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
· · · · · · · · · · · · · · · · · · ·	
<del></del>	

• . • .

The date of each amendment(s) adoption date this document was signed.	·	, if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block do document's effective date on the Departme	oes not meet the applicable statutory filing requirements, tent of State's records.	his date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by action was not required.	the incorporators, or board of directors without shareholde	er action and shareholder
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient	y the shareholders. The number of votes east for the amend to for approval.	ment(s)
☐ The amendment(s) was/were approved by must be separately provided for each verified for each verified to the separately provided for each verified to the	by the shareholders through voting groups. The following soting group entitled to vote separately on the amendment(s)	latement I:
"The number of votes east for the	amendment(s) was/were sufficient for approval	
by	(voting group)	
Dated 08 / 0 5	ona Alexa.	
(By a director, selected, by an	president or other officer – if directors or officers have not a incorporator – if in the hands of a receiver, trustee, or other iciary by that fiduciary)	
<u></u>	(Typed or printed name of person signing)	
<u></u>	(Title of person signing)	