## P20000044344

(Requestor's Name)	
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(Business Entity Name)	<b>08</b> /20/2001018013 **39
(Document Number)	
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		COVER LETTER	
TO: Amendment Se Division of Cor		•	
NAME OF CORPO	ORATION: BEST MAIDS CL	EANING SERVICE, COP	RP.
	IBER: P20000044344		
The enclosed Article.	s of Amendment and fee are si	ubmitted for filing.	
Please return all corre	espondence concerning this ma	atter to the following:	
	ANTONIO NUNEZ		
		Name of Contact Perso	n.
	BEST MAIDS CLEANING	SERVICE, CORP.	
		Firm/ Company	
	21 TROPICANA PKWY W		
	C. E. Control	Address	
	CAPE CORAL, FL 33993		
		City/ State and Zip Cod	e e
	E-mail address: (to be us	sed for future annual report	notification)
For further informatic	n concerning this matter, plea	se call;	
ANTONIO NUNEZ		at ( <sup>239</sup>	. 603-1599
Name	of Contact Person	at ( Area Co	)
Continued in a state of the			•
microsed is a check to	or the following amount made	payable to the Florida Depa	artment of State;
S35 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)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section it of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303

## Articles of Amendment to Articles of Incorporation of

BEST MAIDS CLEANING SERVICE, CORP.

(Name of Corporation as current	ly filed with the Florida Dept. of State)	
220000044344		
(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this ts Articles of Incorporation:	Florida Profit Corporation adopts the follow	ring amendment(s)
A. If amending name, enter the new name of the corporation:		AT.
name must be distinguishable and contain the word "corporation," " [Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must con-	The new atton "Corp.," ain the word
3. Enter new principal office address, if applicable:	N/A	
Principal office address <u>MUST BE A STREET ADDRESS</u> )		
		——
	<del></del>	<u>.ch</u>
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
· · · · · · · · · · · · · · · · · · ·		*; •
<ul> <li>If amending the registered agent and/or registered office add new registered agent and/or the new registered office address</li> </ul>		C:
· · · · · · · · · · · · · · · · · · ·		
Name by New Negliterea Agent		
(Florida st	rect address)	
New Registered Office Address:	. Florida	
	(City) (Zi	p Code)
ew Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am familiar	ii with and accept the obligations of the position	ı.
Signatures of Vove I	Registered Agent, if changing	<u> </u>
inghalare of New K	адын гей луст, у спануту	

☐ 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	<u>PT</u>	John Doe	<u>e</u>	
X Remove	<u>v</u>	Mike Jor	<u>ies</u>	
X Add	<u>sv</u>	Sally Sm	<u>úth</u>	
Type of Action (Check One)	Title		<u>Name</u>	Address
1) X Change	Р		ANTONIO NUNEZ	21 TROPICANA PKWY W
Add				CAPE CORAL, FL 33993
Remove				
2) Change		_		
Add				
Remove 3 ) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
N/A	
	· · · · · · · · · · · · · · · · · · ·
	<del> </del>
	_
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)	
N/A	
NOT	
	<del> </del>
	_

,	08/18/2020	
The date of each amendment( date this document was signed.	s) adoption:	, if other than th
_	08/18/2020	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment f	île date)
	is block does not meet the applicable statutory filing reque Department of State's records.	airements, this date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors withou	t shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/we	adopted by the shareholders. The number of votes cast for sufficient for approval.	r the amendment(s)
	approved by the shareholders through voting groups. The for each voting group entitled to vote separately on the an	
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
08/18/1 Dated	020	
	Antonia Dunez	
set	a director, president or other officer – if directors or office ected, by an incorporator – if in the hands of a receiver, trus pointed fiduciary by that fiduciary)	
	ANTONIO NUNEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	