

P20 000044591

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

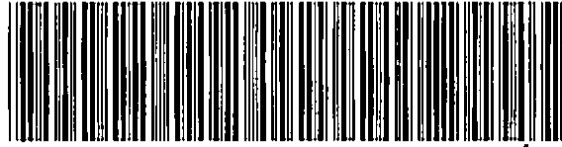
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/01/2010 01017 -024 \$35.00

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*Amend
N/C*



2020 SEP 24 3
FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 24, 2020

WANDA C TORRES PEREZ
W & W REMODELING & CLEANING SERVICES INC
1275 W DONEGAN AVE, APT. G
KISSIMMEE, FL 34741

SUBJECT: W & W REMODELING & CLEANING SERVICES INC
Ref. Number: P20000044591

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

ARE YOU ADDING OR REMOVING LOUIS J CRUZ TORRES?

WILFREDO ORTIZ IS CURRENTLY THE VP.

THE TYPE OF ACTION IS NEEDED FOR LUIS L CRUZ TORRES.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 320A00018394

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: W & W REMODELING & CLEANING SERVICES INC

DOCUMENT NUMBER: P20000044591

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

Please return all correspondence concerning this matter to the following:

WANDA C TORRES PEREZ

Name of Contact Person

W & W REMODELING & CLEANING SERVICES INC

Firm/ Company

1275 W DONEGAN ~~ST~~ - APT. 6

Address

KISSEMMEE FL 34741

City/ State and Zip Code

wandactorres1@gmail.com

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

For further information concerning this matter, please call:

WANDA C 787TORRES PEREZ

at (787) 980-9010

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

☐ \$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)

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

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.

Example:

X Change PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) X Change	<u>VP</u>	<u>LOUIS J CRUZ TORRES</u>	<u>1275 W DONEGAN AVE APT G</u>
<u> </u> Add			<u>KISSEEMMEE FL 34741</u>
<u> </u> Remove			
2) <u> </u> Change	<u>VP</u>	<u>WILFREDO ORTIZ</u>	<u>1275 W DONEGAN AVE APT G</u>
<u> </u> Add			<u>KISSEEMMEE FL 34741</u>
X Remove			<u>1275 W DONEGAN AVE APT G</u>
3) <u> </u> Change	<u>VP</u>	<u>LUIS L CRUZ TORRES</u>	<u>KISSEEMMEE FL 34741</u>
X Add			
<u> </u> Remove			
4) <u> </u> Change			
<u> </u> Add			
<u> </u> Remove			
5) <u> </u> Change			
<u> </u> Add			
<u> </u> Remove			
6) <u> </u> Change			
<u> </u> Add			
<u> </u> Remove			

E. If amending or adding additional Articles, enter change(s) here:

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

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)

08/10/2020

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 08/11/2020

Signature - Wilanda C. Torres
(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)

Wilanda C. Torres
(Typed or printed name of person signing)

President
(Title of person signing)