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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: CHRI	SSY'S CLEAR	ING SERVICE	
DOCUMENT NUMB	BER: <u>P2 000</u>	000 58262		
	of Amendment and fee are su			
Please return all corres	pondence concerning this ma	itter to the following:		
		_	•	
	CHRISTIN	E GUERRA Name of Contact Person	IERI	
		wante of Contact i cisor		
		Firm/ Company		
	1084 NW SUNRISE, BAMBINA	124 TEA	PRACE	
	_	Address) <u>, </u>	
	SUNRISE,	FL 335.	25	
	BAMBINA	City/ State and Zip Cod	с	
	E-mail address: (to be us	780 @ GMA	I'Z, CUM	
For further information	n concerning this matter, plea	_	, 774 - 5158	
	of Contact Person	Атеа Со	de & Daytime Telephone Number	
Enclosed is a check for	r the following amount made	payable to the Florida Dep	artment of State:	
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status	
	ling Address		Address	
	endment Section sion of Corporations	Amendment Section Division of Corporations		
P.O.	Box 6327	The C	entre of Tallahassee	
Talla	ihassee, FL 32314	2415 ใ	N. Monroc Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment

to

	Articles of Incorpor	ation		
1h0155	1/5 or (2)	$\alpha \alpha \alpha \alpha <$	- >>(1/1)((= INC
(Name of Corporat	ion as currently filed	With the Florida Dor		7100
(ivame of Corporat	ion as currently ined	NON SY	or state)	
	<u> </u>		War .	
(Document)	ment Number of Corp	oration (if known)		
Pursuant to the provisions of section 607.1006, Florid ts Articles of Incorporation:	la Statutes, this <i>Florid</i>	a Profit Corporation a	idopts the followi	ing amendment(s) t
A. If amending name, enter the new name of the c	corporation:			
				The new
name must he distinguishable and contain the word "c "Inc.," or Co.," or the designation "Corp," "Inc, "chartered," "professional association," or the abbr	," or "Co". A profe			
B. <u>Enter new principal office address, if applicable</u> Principal office address <u>MUST BE A STREET AD</u>				
)	
	_		<u> </u>	
C. Enter new mailing address, if applicable:			/ +	~
(Mailing address MAY BE A POST OFFICE BO	<u></u>			19
				
				
O. If amending the registered agent and/or registe	ered office address in	Florida enter the na	me of the	<u> </u>
new registered agent and/or the new registered		1 Jonas, Chief the na	ine of the	FN 4: 25
N. C.W D. Jan J. J. C.				25
Name of New Registered Agent				
	/PI +1			_
	(Florida street add	ress)		
New Registered Office Address:			Florida	
	(City)		(Zip	Code)
New Registered Agent's Signature, if changing Re	nictored Agents			
hereby accept the appointment as registered agent.		d accept the obligation	ns of the position	
	Ť			
Sign	nature of New Register	ed Agent, if changing		
Check if applicable				
uhh				

☐ 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.

Example:

X Change	PT John Doc		
X Remove	V Mike Jones		
X Add	SV Sally Smith		
Type of Action (Check One)	<u>Title</u> <u>Name</u>	•	Address
1) Change	PS CH	PRISTINE GUERRIERI	1084 NW 124 TERRACE
🗶 Add			SUNRISE, FL
Remove		,	33325
2) Change	D CHRI	STINE GUERRIERI	1084 NW 124 TEPPARE
_ X _ Add			SUNRISE, FL
Remove 3) Change			33325
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

acn <i>additional sheets</i> ,	, if necessary). (Be sp	pecific)			
					
					
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n amendment provi	des for an exchange, r	eclassification,	or cancellation o	fissued shares,	
ovisions for impleme (if not applicable, it	enting the amendment	if not containe	d in the amendm	ent itself:	
(у пот аррисате, и	raicale IVA)				
		<u> </u>	· · · · · · · · · · · · · · · · · · ·		
	 				
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The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file da	ite)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirempartment of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without share	reholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the fficient for approval.	amendment(s)
	proved by the shareholders through voting groups. The followard each voting group entitled to vote separately on the amendate	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
\	rector, president or other officer – if directors or officers had, by an incorporator – if in the hands of a receiver, trustee, or	
	ed fiduciary by that fiduciary)	or other coart
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	IN CORPURATOR	
	(Title of person signing)	