P20000060500

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2021 NOV 16 AN II: 23 SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

	RATION: KWI CLEANING S	ERVICES AND RESTOR	ATIONS INC.		
DOCUMENT NUME	BER: P20000060300				
	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	CARLOS CRESPO				
•	Name of Contact Person				
	RM CLEANING SERVICES AND RESTORATIONS INC.				
	Firm/ Company				
	19 LAUREL OAKS DR UNIT 101				
	Address				
	WINTER SPRINGS FL 32708				
	City/ State and Zip Code				
	rmcleaningnadservices@gma	iil.com			
	E-mail address: (to be us	sed for future annual report	notification)		
	n concerning this matter, pleas		(51.00())		
SARAI TEJADA		at (
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:		
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	S43.75 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		Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		

Articles of Amendment to Articles of Incorporation of

FILED

RM CLEANING SERVICES AND RESTORATIONS INC.

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

2021 NOV 16 AM 11: 23

P20000060300	of Corporation as curren	itly filed with the Flor <u>ida</u>	TALLAHASSEE, FLOREN
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, th	is Florida Profit Corporat	ion adopts the following amendment(s)
A. If amending name, enter the new n RM CLEANING SERVICES INC.	ame of the corporation:		The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Chartered," "professional association,"	Corp." "Inc." or "Co".	A professional corporat	uted" or the abbreviation "Corp.,"
R Fater new principal office address	if annlicable:	19 LAUREL OAKS	DR UNIT 101
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		WINTER SPRINGS	FL 32708
C. Enter new mailing address, if appl (Mailing address MAY BE A POST) D. If amending the registered agent ar	OFFICE BOX) nd/or registered office ad		FL 32708
new registered agent and/or the new	w registered office addre	<u>'88:</u>	
Name of New Registered Agent			
	19 LAUREL OAKS DR		
New Registered Office Address:	WINTER SPRINGS	street address)	Florida 32708
		(City)	(Zip Code)
New Registered Agent's Signature, if e I hereby accept the appointment as regist	ered agent. I am familia	r with and accept the oblig	<u></u>
	Signature of New	Registered Agent, if chang	ging
Chack if applicable			

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>	<u>John Doe</u>	
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>	Address
1) X Change	P	CARLOS CRESPO	19 LAUREL OAKS DR
Add			WINTER SPRINGS FL 32708
Remove			
2) Change	VP	SARAI TEJADA	19 LAUREL OAKS DR
X Add			WINTER SPRINGS FL 32708
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			***************************************
Add			-
Remove			
6) Change			
Add			
Remove			

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, the Department of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	adopted by the incorporators, or board of directors without shareholder	action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amenda sufficient for approval.	nent(s)
- · · · · · · · · · · · · · · · · · · ·	approved by the shareholders through voting groups. The following states of each voting group entitled to vote separately on the amendment(s):	
"The number of votes ea	ast for the amendment(s) was/were sufficient for approval	
by CARLOS CRESPO		
· ·	(voting group)	
10/28/21 Dated		
selec	director, president or other officer – if directors or officers have not be sted, by an incorporator – if in the hands of a receiver, trustee, or other inted fiduciary by that fiduciary)	
	CARLOS CRESPO	
	(Typed or printed name of person signing)	·
	PRESIDENT	
	(Title of person signing)	