P20000063264

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MC 11/30/20

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COI	RPORATION: NEW VISON CLI	EANING INSIDE AND OU	T INC		
	TUMBER: P20000063264				
The enclosed .4r.	ticles of Amendment and fee are st	ubmitted for filing.			
Please return all	correspondence concerning this ma	atter to the following:			
	GUSTAVO				
		Name of Contact Person	1		
	NEW VISON CLEANING INSIDE AND OUT INC				
		Firm/ Company			
	25310 SW 127 AVE				
		Address			
	HOMESTEAD FL 33032				
		City/ State and Zip Code	2		
	menagus27@gmail.com				
	E-mail address: (to be t	ised for future annual report	notification)		
For further infor	mation concerning this matter, plea	nse call:			
GUS		at (_) 3518484		
N	Jame of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a ch	eck for the following amount made	e payable to the Florida Depa	artment of State:		
■ \$35 Filing F	Fee ☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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 C 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		

Articles of Amendment 10 Articles of Incorporation of

(Name of Corporatio	on as currently filed w	ith the Florida Dept. of State)	
P20000063264			
(Docum	ent Number of Corpora	ition (if known)	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida F	Profit Corporation adopts the fe	ollowing amendm
A. If amending name, enter the new name of the co	rporation:		
NEW VISION CLEANING INSIDE AND OUT INC			The ne
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrev	or "Co". A profess	"or "incorporated" or the abbaional corporation name must	reviation "Corp.,
B. Enter new principal office address, if applicable:	:		Q
(Principal office address MUST BE A STREET ADD		For	2020
		- 1 - 1 - 2 1	·
		Boling Parameter	<u> </u>
C. Enter new mailing address, if applicable:		55 A	26
(Mailing address MAY BE A POST OFFICE BO.	<u>X</u>)		[1]
			: ω
		<u>→</u>	<u>' 2 </u>
D. If amending the registered agent and/or register		lorida, enter the name of the	
new registered agent and/or the new registered of	office address:		
Name of New Registered Agent			 -
 .	(Florida street addre:	ss)	
V D 1 100 111		Florida	
New Registered Office Address:	(City)	, Fi01Ida	(Zip Code)
New Registered Agent's Signature, if changing Reg	istered Agent:		
I hereby accept the appointment as registered agent.	I am familiar with and	accept the obligations of the po	sition.
Siena	tture of New Registered	Agent, if changing	
,	, S		
Check if applicable			

☐ The amendment(s) is/are being tiled 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, nam 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 = Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office 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. The 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, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach	ding or adding additional Articles, enter change(s) here: additional sheets, if necessary). (Be specific)
-	
-	
	
. <u>If an ar</u>	nendment provides for an exchange, reclassification, or cancellation of issued shares.
provis (i/	ons for implementing the amendment if not contained in the amendment itself: not applicable, indicate N/A)

•

	adoption:	, if other than
date this document was signed. 10 Effective date if applicable:	/22/2020	
<u></u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, this department of State's records.	late will not be listed as
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was were a action was not required.	dopted by the incorporators, or board of directors without shareholder act	tion and shareholder
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the amendmen sufficient for approval.	u(s)
☐ The amendment(s) was/were a must be separately provided f	pproved by the shareholders through voting groups. The following states or each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by Gustavo Mena	·"	
,	(voting group)	
10/22/20 Dated	20	
selec	director, president of other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other cointed fiduciary by that fiduciary)	
	Gustavo Mena	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	