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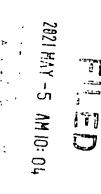
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _	LOSDONIS	S'S CLEANING SERVIC	CES INC		
DOCUMENT NUMBER:		P21000028780			
The enclosed Articles of Amendma	ant and fee are su	hmitted for filing			
•					
Please return all correspondence co	oncerning this ma	tter to the following:			
		SILVIA DONIS			
		Name of Contact Per	son		
	LOSDON	IS"S CLEANING SERV	VICES INC		
		Firm/ Company			
	1918 JONATHAN ST				
	Address				
	KISSIMMEE, FL 34741				
		City/ State and Zip C	ode		
	DO	NISSILVIA45@GMAI	L.COM		
E-mail	address: (to be u	sed for future annual repo	ort notification)		
For further information concerning	this matter, plea	se call:			
SILVIA DONIS		at (260-7966		
Name of Contact Pe	erson	Area	Code & Daytime Telephone Number		
Enclosed is a check for the followi	ng amount made	payable to the Florida D	epartment of State:		
_	75 Filing Fee & Greate 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		Ame Divi The 241	et Address Endment Section sion of Corporations Centre of Tallahassee 5 N. Monroe Street, Suite 810 ahassee, FL 32303		

Articles of Amendment to Articles of Incorporation of

LOSDONIS'S CLEANING SERVICES INC

LOSDONIS 3 CLEANING 5				
(Name of Corporation as current)	y filed with the Florida Dept. of State)		
P2100002878	0			
(Document Number o	f Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the f	ollowing	3 amend	lment(s)
A. If amending name, enter the new name of the corporation:				
			The n	iew
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	A professional corporation name must	reviatio contair	n "Corj	»., "
B. Enter new principal office address, if applicable:			_	_
(Principal office address <u>MUST BE A STREET ADDRESS</u>)				
		` ;	202	_
		- ; 	<u> </u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		9-		31755
(Maining address MAT BE ATOST OFFICE BOX)		<u> </u>	-01	—હ :"રે"ો
	 		NH 10: 04	
			_ <u>ö</u>	_
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address		, · · · · ·	4(
Name of New Registered Agent				
(Florida str	veet address)			
New Registered Office Address:	, Florida			
Market Systematics.	(Ciny	(Zip C	ode)	_
New Registered Agent's Signature, if changing Registered Agent	:			
I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the po	sition.		
			_	
Signature of New R	egistered Agent, if changing			
Chack if annlicable				

☐ 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.

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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	JONATHAN LOPEZ	1918 JONATHAN ST
Add X Remove			KISSIMMEE, FL 34741
2) Change		_	
Add			<u> </u>
Remove 3) Change			
Add			
Remove			
4) Change			_
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
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	sheets, if necessary). (
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If an amendment	t provides for an exchan	ige, reclassificatio	n, or cancellation	of issued shares,	
(if not applic	mplementing the amend cable, indicate N/A)	ment it not contai	inea in the amen	ament usen:	
				_	
<u></u>				<u></u>	
<u> </u>				_	
			-		

	loption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this partment of State's records.	s 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.	opted by the incorporators, or board of directors without shareholder	action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendm (flicient for approval.	ent(s)
	proved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	lement
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by	"	
,	(voting group)	
APRIL , 2. Dated	2 2021	
Signature		
(By 4 di selected	rector, president or other officer – if directors or officers have not be d, by an incorporator – if in the hands of a receiver, trustee, or other and fiduciary by that fiduciary)	
	SILVIA DONIS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	