## P210000 66691

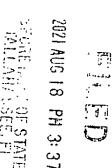
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



800371622968

U8/18/21--U1U16--UU/ \*\*52.5U





## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: F5 START OF FL.	, INC	
DOCUMENT NUM	BER:		
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	JAMILY DE FREITAS		
		Name of Contact Person	
	ROBLES ACCOUNTING SI	ERVICES INC	
		Firm/ Company	
	3540 N. SHARON AMITY F	RD. SUITE 4	
		Address	
	CHARLOTTE, NC 28205		
		City/ State and Zip Code	
	ROBLESACCOUNTINGSE	R@GMAIL.COM	
		sed for future annual report	notification)
For further information	on concerning this matter, pleas		566-1130
Name	of Contact Person	at ( Area Coc	566-1130 le & Daytime Telephone Number
Enclosed is a check f	or the following amount made		
S35 Filing Fee	□S43,75 Filing Fee & Certificate of Status	S43.75 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		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of



F5 START OF FL, INC	
(Name of Corporation	as currently filed with the Florida Dept. of State)
	STELLE, TOTAL STATE
(Documen	it Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida St ts Articles of Incorporation:	tatutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corp	oration:
FIV5 STAR CLEANING FL, INC	The new
name must be distinguishable and contain the word "corpo "Inc.," or Co.," or the designation "Corp," "Inc," o "chartered," "professional association," or the abbrevia	oration," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word
3. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRI	ESS )
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
). If amending the registered agent and/or registered	
new registered agent and/or the new registered off	ice address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	Florida
	(City) (Zip Code)
New Registered Office Address:	
New Registered Agent's Signature, if changing Registe	
i nereoy accept the appointment as registered agent. Tal	m familiar with and accept the obligations of the position.
Signatur	re of New Registered Agent, if changing

Check if applicable

☐ 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)

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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>mes</u>	
X Add	<u>sv</u>	Sally Sr	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				<del></del>
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				<u> </u>
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

(Attiac	additional sheets, if necessary). (Be specific)
N/A	
<del> </del>	
<del></del>	
'. <u>If</u> an	nendment provides for an exchange, reclassification, or cancellation of issued shares,
pro	ions for implementing the amendment if not contained in the amendment itself:  not applicable, indicate N/A)
√A	approcasie, marcae issuit

The date of each amendment(s) :	08/06/2021	, if other than the
date this document was signed.	шорноп	, 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 D	block does not meet the applicable statutory filing require epartment of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without sh	nareholder action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for thufficient for approval.	ne amendment(s)
•	proved by the shareholders through voting groups. The fole reach voting group entitled to vote separately on the amen	
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated	16/2021	
Signature	Harris de Frenta	
selecte	lirector, president or other officer – if directors or officers led, by an incorporator – if in the hands of a receiver, trusted tiduciary by that fiduciary)	
	JAMILY DE FREITAS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	