P220000 15831

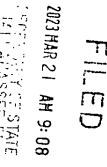
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: SOUTHEAST FLO	CLEANING SVCS, INC.	
DOCUMENT NUMB	ER: P22000015831		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	ner to the following:	
	Ramon N. Lopez		
		Name of Contact Person	1
		Firm/ Company	
	8859 nw 181 st		
		Address	
	Hialeah, FL 33018		
•		City/ State and Zip Code	2
	ramonnlopez50@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
Ramon N. Lopez		at (786	395 3023
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Dep	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate 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)
Ame Divi P.O.	ling Address andment Section sion of Corporations Box 6327 ahassee, FL 32314	Ameno Divisio The C 2415 I	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ossee, FL 32303

Articles of Amendment to Articles of Incorporation of

SOUTHEAST FLICLEANING SVCS, INC.	
(Name of Corporation as current	ly filed with the Florida Dept. of State)
P22000015831	
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Southeast FL Full Support Services . Inc.	The new
name must be distinguishable and contain the word "corporation," ' "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	NIA S Z
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA PROPERTY OF THE PROPERTY OF
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres	
Name of New Registered Agent	NIP
(Florida st	treet address)
New Registered Office Address:	, Florida
New Registered Agent's Signature, if changing Registered Agen	(Zip Code)
I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position
•	negative 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 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	K .	
X Add	\underline{SV}	Sally Smith	NX	
Type of Action (Check One)	Title	Name	ρ,	<u>Addres</u> s
1) Change	-			
Add				
Remove				
2) Change			<u> </u>	· ·
Add				
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		<u> </u>		
Add				
Remove				

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	1/1			
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		· -		
nn amendment provides for an	n exchange, reclassificati	on, or cancellation of i	ssued shares,	
ovisions for implementing the	<u>e amendment if not cont:</u>	<u>nined in the amendme</u>	nt itself:	
(if not applicable, indicate No	/.4)			
		•		
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	<u> </u>			
			•	

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	03/15/2023
The date of each amendment(s) a	doption:, if other the
late 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 to document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will not be listed epartment of State's records.
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 shareholder action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes east for the amendment(s) ufficient for approval.
☐ The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes cas	t for the amendment(s) was/were sufficient for approval
by	··
	(voting group)
Dated	03/15/2033
Signature	
selecto	director, president or other officer if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court ited fiduciary by that fiduciary)
	Ramon N. Lopez
	(Typed or printed name of person signing)
	President
	(Title of person signing)