P22000059053

(Re	equestor's Name))
(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	ne #)
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(Bu	isiness Entity Na	me)
(Do	ocument Number)
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	-	J. HORNE NOV 17 2022

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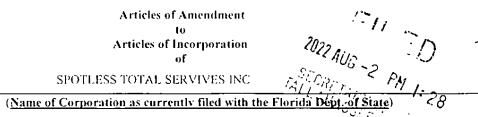
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	SPOTLESS TOTAL SERVIVES INC P22000059053					
DOCUMENT NUMBER:						
The enclosed Articles of Amenda	nent and fee are su	bmitted for filing.				
Please return all correspondence	concerning this ma	tter to the followi	ng:			
		SANDRA L. TO	RRES			
		Name of Cont	act Persor	1		
		Firm/ Cor	npany	<u> </u>		
	7905 P	RESERVE CIR	# 131			
	-	Addre	SS			
	NAPLI	NAPLES, FL 34119				
	, <u></u>	City/ State and	l Zip Code			
		info@maria	mila.com			
E-ma	il address: (to be us	sed for future ann	ual report	notification)		
For further information concerni	ng this matter, pleas	se call:				
Jorge Garzon		at (239	529-5262		
Name of Contact	Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for the follow	ving amount made	payable to the Flo	orida Depa	ortment of State:		
<u>•</u>	3.75 Filing Fee & tificate of Status	S43.75 Filin Certified Cop (Additional co- enclosed)	oy -	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section		Street Address Amendment Section				
Division of Corporations		Division of Corporations				
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303



P22000059053

ocument Number of Corporation (if I	known)
orida Statutes, this Florida Profit Co	orporation adopts the following amendmen
ne corporation:	
	The new
l "corporation," "company," or "ind Inc," or "Co". A professional co bbreviation "P.A."	corporated" or the abbreviation "Corp.," orporation name must contain the word
<u>able:</u> <u>(IDDRESS</u>)	
istered office address in Florida, e red office address;	
(Florida street address)	
,	
(Cuy)	, Florida(Zip Code)
Registered Agent: nt. I am familiar with and accept th	he obligations of the position.
Signature of New Registered Agent, i	
	rida Statutes, this Florida Profit Cone corporation: "corporation," "company," or "in inc," or "Co". A professional conbreviation "P.A." able: IDDRESS) BOX) (Florida street address) (Cuy) Registered Agent:

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 Doc 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	PT	John Doe	
X Remove	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate NA)	<u>f amending or adding</u> Attach <i>additional sheet</i> s	i, if necessary).	(Be specific)				
If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)							
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(if not applicable, indicate N/A)	If an amendment prov	<u>ides for an excha</u>	nge, reclassifica	<u>tion, or cancell</u>	<u>lation of issue</u>	<u>d shares,</u>	
(y not applicable, malcale IVA)	provisions for implen	ienting the amen	<u>dment if not cor</u>	itained in the a	mendment its	<u>self:</u>	
	(ң пот аррисате,	maicaic NA)					
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			<u>.</u>				
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	loption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file	
	(no more than 90 days after amendment file	date)
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing require partment of State's records.	ements, this 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.	pted by the incorporators, or board of directors without sl	nareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the flicient for approval.	ne amendment(s)
	roved by the shareholders through voting groups. The for each voting group entitled to vote separately on the amer	
"The number of votes east	for the amendment(s) was/were sufficient for approval	
bv		
	(voting group)	
selecte	rector, president or other officer – if directors or officers d, by an incorporator – if in the hands of a receiver, truste defiduciary by that fiduciary)	
	SANDRA L TORRES	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	