## P23000014987

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SECRETARY OF STATE 2029 HAR 28 AH 10: 12

## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: DORIS CLEANIN	G OF SW FL INC					
DOCUMENT NUM	BER: P23000014987	<del></del>					
The enclosed Articles	of Amendment and fee are su	bmitted for filing.					
Please return all corre	espondence concerning this ma	tter to the following:					
	DORIS MARIBEL ANTUNI	EZ SABALA					
	Name of Contact Person						
	DORIS CLEANING OF SW FL INC						
	Firm/ Company						
	3101 6TH ST SW						
		Address					
	LEHIGH ACRES FL 33976						
		City/ State and Zip Code					
	ANTUNEZMARIBEL@HO	TMAIL.COM					
	E-mail address: (to be us	sed for future annual report	notification)				
	on concerning this matter, pleas	se call:at (239	703-5696				
Name	of Contact Person	Area Coo	de & Daytime Telephone Number				
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:				
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
An Div P.C	endment Section vision of Corporations D. Box 6327 lahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ussee, FL 32303				

## Articles of Amendment to Articles of Incorporation of

DORIS CLEANING DE SUD EL INC.
(Name of Corporation as currently filed with the Florida Dept. of State)
P23NNN 1(1987
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent DORIS MARIBEL ANTUNEE SABALA.
3101 6H ST SW (Florida street address)
New Registered Office Address: LEHISH ACORS , Florida 33976. (City) , Florida (Zip Code)
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 position.
Signature of New Registered Agent, if changing
Charle if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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.

Example:

X Change	<u>PT</u>	John Do	<u>ne</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	mith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) X Change	P	_	DORIS MARIBEL ANTUNEZ SAB	3101 6TH ST SW
Add				LEHIGH ACRES FL 33976
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		<del></del>
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

LEASE CHANGE O	heets, if necessary).    ( WNER NAME				
HANK YOU					
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provisions for im	provides for an excharplementing the amend ble, indicate N/A)	ige, reclassification ment if not conta	on, or cancellation o ined in the amendn	f issued shares, nent itself:	
				<u> </u>	_
	<del></del>				

	03/22/2023	
The date of each amendment(s) add date this document was signed.	option:	, if other than the
03/22	/2023	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date partment of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted action was not required.	nted by the incorporators, or board of directors without shareholder action	and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes east for the amendment( $s$ ) ficient for approval.	
	oved by the shareholders through voting groups. The following statemen each voting group entitled to vote separately on the amendment(s):	t
"The number of votes east fo	or the amendment(s) was/were sufficient for approval	
ONE HUNDRED		
by	(voting group)	
03/23/2022		
Dated	<del></del>	
Signature	DOUG MARIARI ANTUNET SABALA.	
	rector, president or other officer - if directors or officers have not been	
	, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointe	d fiduciary by that fiduciary)	
l	OORIS MARIBEL ANTUNEZ SABALA	
-	(Typed or printed name of person signing)	
I	PRESIDENT	
-	(Title of person signing)	<del></del>