Division of Corporations

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To:

Division of Corporations

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: (850)617-6380

From:

: GOMES INSURANCE & ACCOUNTING CORP Account Name

Account Number : 120200000161 Phone

: (954)531-1451

Fax Number

: (954)697-0677

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN SILVIA INACIO'S CLEANING CORP

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THE TO

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## COVER LETTER

TO: Amendment Section Division of Corpor			
NAME OF CORPOR	ATION: SILVIA INACIO	'S CLEANING CORI	,
DOCUMENT NUMBE	:R: P23000025355		
The enclosed Articles of	Amendment and fee are s	ubmitted for filing.	
Please return all corresp	ondence concerning this m	atter to the following:	
P 	AULO GOMES		
	_	Name of Contact	Person
G	OMES ACCOUNTING A	ND INSURANCE	
		Firm/ Compa	ny
2-	0 LOCK ROAD	-	
		Address	
<u> </u>	EERFIEL BEACH, FL 33-	142	
		City/ State and Zip	Code
FI	.AVIA@GOMESINS.COI	М	
<del></del>	E-mail address: (to be u	sed for future annual r	eport notification)
For further information c	oncerning this matter, plea	se call:	
PAULO GOMES		954 3t (	S32-2360
Name of C	Contact Person	Are	a Code & Daytime Telephone Number
Enclosed is a check for th	e following amount made	payable to the Florida	Department of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee Certified Copy (Additional copy i. enclosed)	Certificate of Status
Amendr Divisior P.O. Bo	Address nent Section of Corporations x 6327 see, FL 32314	Ai Di Th 24	reet Address nendment Section vision of Corporations te Centre of Tallahassee 15 N. Monroe Street, Suite 810 llahassee, FL 32303

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

## Articles of Amendment to Articles of Incorporation

SILVIA INACIO'S CLEANING CORP	•			
(Name of Corporation as currently filed with the Florida Dept. of State) P23000025355				
	(Document Number of Corporation (i	f known)		
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this Florida Profit C	Corporation adopts the follow	ving amendment(s) to	
A. If amending name, enter the new name of	f the corporation:			
name must be distinguishable and contain the we "Inc" or Co.," or the designation "Corp," "chartered," "professional association," or the	inc, or Co . A professional c abbreviation "P.A."	ncorporated" or the abbrevio corporation name must con-	The new tion "Corp.," tain the word	
B. Enter new principal office address, if appl (Principal office address MUST BE A STREE	licable: TADDRESS)		<del></del>	
			<del></del> <u>.</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY RE A POST OFFIC	CE BOX)			
<del>.</del>			2024 HAY 21	
). If amending the registered agent and/or re new registered agent and/or the new regist	gistered office address in Florida, e	nter the name of the	21 AM 8: 14	
Name of New Registered Agent			_ PE =	
	(Florida street address)		-	
New Registered Office Address:	(City)	, Florida	Code)	
	• • •	тгар	Coaej	
ew Registered Agent's Signature, if changing hereby accept the appointment as registered age	Registered Agent: ent. I am familiar with and accept the	cobligations of the position.		
	Signature of New Registered Agent, if	changing	·•	
heck if applicable				

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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	ÐΤ	John Doe		
X Remove	<u>Y</u>	Mike Jones		
X_ Add	_ <u>\$V</u>	Sally Smith		
		2arty Sturre		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
1) Change	VP	SECONDO GIUSEPPE DOCIMO	5337 NE 17TH AVE	
Add			POMPANO BEACH, FL 33064	
X Remove			POMPANO BEACH, FL 33064 . RAY 2	
21 Change			<del></del>	
Add			S. S	
Remove Change				
Add				
Remove				
1) Change	<del></del>			
Add				
Remove				
Change	<del></del> -			
Add				
Remove				
) Change				
Add				
Remove				

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(if not applicable, indicate N/A)

T R 8

DocuSign Envelope ID: DA85A83D-F8FB-4697-BAE2-64018B928CE8 The date of each amendment(s) adoption: \_\_\_\_\_\_\_, if other than the date this document was signed. Effective date if applicable: (no more than 90 days after amendment file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE) The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required. ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval. ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): "The number of votes east for the amendment(s) was/were sufficient for approval (voting group) 05/17/2024 Dated Signature (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) SILVIA INACIO (Typed or printed name of person signing) PRESIDENT (Title of person signing)