Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fux audit number (shown below) on the top and bottom of all pages of the document.

(((1124000283857.3)))



H240002838573ABC6

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Number : US CONTADOR INC Account Number : I2020000121

Phone : (770)928-2700 Fax Number : (888)772-8108

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN EMC CLENERS CORP.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

10 : [11] | 10 c 160

From: Mike Natarus

to

H24000283857 3

Articles of Amendment Articles of Incorporation

EMC CLENERS CORP.	
	filed with the Florida Dept. of State)
P23000044702	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statutes, this I its Articles of Incorporation:	Floridu Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation:	
EMC CLEANING SERVICES CORP	771
name must be distinguishable and contain the word "corporation," "Co". Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	The new company," or "incorporated" or the abbreviation "Corp.," 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>)	
	<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	`
maining saurest MAY BE A FOST OFFICE BOX	
	
	1
D. If amending the registered agent and/or registered office addre	ss in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
	- · · · · · · · · · · · · · · · · · · ·
(Florida stree	a address)
New Registered Office Address:	, Florida
tt.	Try) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.
Signature of New Res	istered Agent, if changing
Check if applicable	
\square The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

H24000283857 3

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>T'I</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	···		
Add			
Remove			
6) Change		<u> </u>	
Add			
Remove			

To:	SUNBIZ CORP	. •	•	,
10,	JUNDIZ COME	•		

Page: 5 of 6

2024-08-23 20 48:47 GMT

18887728108

From, Mike Natarus

H24000283857 3

Attach <i>at</i>	ling or adding dditional sheet	ls. if necess	ary). (B	e speci/ic)	<u>etaj nere</u> .				
-							·		
							·		
								_	
									-
		 -						,,	
				<u> </u>	- <u></u> -				
			-			 _		_	
					 -				
								- ·	
									
						 .			
		· · ·			·				
an ame	ndment prov	ides for an	evehanoe	reclassifica	tion or can	eallation of i	sved shares.		
provision	nş for implem	enting the	amendme	ent if not con	tained in th	e amendme	t itealf		
(if no	ot applicable.	indicate Ni	(4)		viinto in til	<u> </u>	<u>t jtstii.</u>		
			·						
									
	·						 -		
									
				-					
									
 ·									
	·				 				

	H24000283857 3	
The date of each amendment(s) adoption date this document was signed.	: 0 8/23/2024	if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block do document's effective date on the Departmen	es not meet the applicable statutory filing requirements, this it of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by action was not required.	the incorporators, or board of directors without shareholder a	action and shareholder
The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of votes cast for the amendme for approval.	ent(s)
☐ The amendment(s) was/were approved by must be separately provided for each vol	y the shareholders through voting groups. The following stat- ting group entitled to vote separately on the amendment(s):	ement
"The number of votes cast for the a	mendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
08/23/2024 Dated		
Signature Maria	Love O.	
selected, by an i	esident or other officer – if directors or officers have not bee ncorporator – if in the hands of a receiver, trustee, or other co ary by that fiduciary)	n purt
MARIA	OROSTICA	
	(Typed or printed name of person signing)	
P		
4	(Title of person signing)	