(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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12/04/24--01020--019 **35.00

2024 DEC -4 PM 6: 08 SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: BUBBLEBEE CLI	EANING SERVICES COR	P		
	MBER: P24000033941				
The enclosed Artic	es of Amendment and fee are su	bmitted for filing.			
Please return all cor	respondence concerning this ma	tter to the following:			
	EMANUELLE OLIVEIRA				
		Name of Contact Persor	1		
	OPTION ONE ACCOUTING INC				
		Firm/ Company			
	3275 W HILLSBORO BLVI	SUFFE 205			
		Address			
	DEERFIELD BEACH, FL 33	3442			
		City/ State and Zip Code	2		
	LARA@OPTFIRM.COM				
	**	sed for future annual report	notification)		
For further informa	tion concerning this matter, pleas	se call: at (⁹⁵⁴	_) 617-8183		
Name of Contact Person		Area Code & Daytime Telephone Number			
Enclosed is a check	for the following amount made	payable to the Florida Depa	ertment of State:		
■ \$35 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)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

BUBBLEBEE CLEANING SERVICES CORP

(Name of Corporation as currently filed with	the Florida Dent. of State)
P24000033941	and a succession of the succes
(Document Number of Corporation	n (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Prof</i> ets Articles of Incorporation:	It Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "company," or "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professiona" chartered, "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable:	Street Print
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	55,
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	
	08 08
	
D. If amending the registered agent and/or registered office address in Florid new registered agent and/or the new registered office address:	da, enter the name of the
D. If amending the registered agent and/or registered office address in Floric new registered agent and/or the new registered office address: Name of New Registered Agent	ia, enter the name of the
new registered agent and/or the new registered office address:	ia, enter the name of the
new registered agent and/or the new registered office address:	ia, enter the name of the
new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address:	, Fłorida
Name of New Registered Agent (Florida street address)	
new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address:	, Fłorida
Name of New Registered Agent (Florida street address) New Registered Office Address: (City)	, Fłorida
Name of New Registered Agent (Florida street address) New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent:	, Florida(Zip Code)
Name of New Registered Agent (Florida street address) New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent:	, Florida(Zip Code)
Name of New Registered Agent (Florida street address) New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent:	, Florida(Zip Code)
Name of New Registered Agent (Florida street address) New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent:	, Florida(Zip Code)
new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address:	, Florida(Zip Code)

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)

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> <u>John</u>	n Doc	
X Remove	<u>V</u> <u>Mik</u>	te Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>VP</u>	LOPES JACINTHO, KAINAN A	250 W SAMPLE ROAD APT C22
Add			POMPANO BEACH, FL 33064
X Remove			
2) Change			
Add			
Remove 3.) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

muon ammona, ,	sheets, if necessary).	(be specific)				
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provisions for im	provides for an exchaplementing the ame able, indicate N/A)	nange, reclassific endment if not co	cation, or cancel ontained in the a	lation of issued imendment itse	<u>shares,</u> lf:	
	-		-			
						
		<u>.</u>				

	11/26/2024	
date this document was signed.	on:	_, it other than the
Effective date if applicable:		·
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Department.	does not meet the applicable statutory filing requirements, this date will ment of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors without shareholder action and si	harcholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) nt for approval.	
	by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):	
	e amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
11/26/2024 Dated		
Signature <u>H</u>		_
(By a directo selected, by	r. president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court fuciary by that fiduciary)	
PAT	RICIA ALMEIDA	
	(Typed or printed name of person signing)	
PRE:	SIDENT	
	(Title of person signing)	