

P98000001581

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LAZARUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

3320 S.W. 87th AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. ALL MIAMI CARPET CARE, INC.
(Corporation Name) (Document #)

2. _____ (Corporation Name) (Document #) 800002616318--0
-08/14/98--01055--004

3. _____ (Corporation Name) (Document #) *****35.00 *****35.00

4. _____ (Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

☐ Certified Copy

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input checked="" type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RECEIVED
98 AUG 14 AM 11:20
DIVISION OF CORPORATION
FILED
98 AUG 14 PM 1:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Examiner's Initials

See 8/14

ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF

ALL MIAMI CARPET CARE, INC.

(present name)

Pursuant to the provisions of section 607.1006, Florida Statutes, this corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: *(indicate article number(s) being amended, added or deleted)*

ARTICLE VI : THE NEW PRINCIPAL OFFICE WILL BE:
16546 SW 104 PL. Miami, FL. 33196

ARTICLE VII : THE NEW REGISTERED AGENT WILL BE:
(NAME AND ADDRESS)
CECILLE SANCHEZ
16546 SW 104 PL. Miami, FL. 33196

ARTICLE VIII : THE NEW BOARD OF DIRECTOR WILL BE:
(NAMES AND ADDRESS)
CECILLE SANCHEZ (PRESIDENT/DIRECTOR)
16546 SW 104 PL. Miami, FL. 33196

SECOND: 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, are as follows:

THIRD: The date of each amendment's adoption: 4/7 /98

FOURTH: Adoption of Amendment(s) (check one)

- ☒ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) 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 cast for the amendment(s) was/were sufficient for approval by _____"
(voting group)

- ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

FILED
98 AUG 14 PM 1:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signed this 10 day of AUGUST, 19, 98.


By _____

(Chairman or Vice Chairman of the Board of Directors, President or
other officer if adopted by the shareholders)

OR

(A director or incorporator if adopted by the directors or incorporators)


ELIASIB MEDINA

(Typed or printed name)

PRESIDENT-DIRECTOR

(Title)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE
OF PROCESS FOR THE STATED CORPORATION AT THE PLACE DESIGNATED
IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS
REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER
AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING
TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I
AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS MY POSITION AS
REGISTERED AGENT.

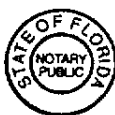

SIGNATURE _____

DATE 8/10/98

STATE OF FLORIDA
COUNTY OF DADE



NOTARY PUBLIC



VIVIAN HERNANDEZ
My Comm Exp 12-30-99
COMM No CC 518971

☒ Personally Known ☐ Other I D