

P98000059287

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

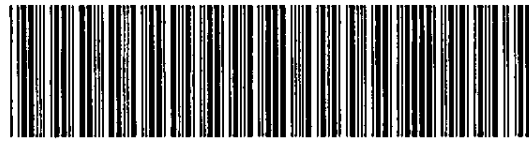
(Document Number)

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09/24/13--01011--016 \*\*35.00

STATE OF MICHIGAN  
DEPARTMENT OF TREASURY  
DIVISION OF CORPORATIONS

13 NOV 18 PM 4:57

FILED

Amend  
11/20/13  
De



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

13 NOV 18 PM 2:47

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

October 2, 2013

ALYSSA ARRIEN  
A WOMAN'S TOUCH CLEANING SERVICE INC. TB  
2309 NE COACHMAN RD  
CLEARWATER, FL 33765

SUBJECT: A WOMAN'S TOUCH CLEANING SERVICE INC. OF TAMPA BAY  
Ref. Number: P98000059287

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell  
Regulatory Specialist II

Letter Number: 213A00023173

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** A WOMAN'S TOUCH CLEANING SERVICE OF TAMPA BAY, INC.

**DOCUMENT NUMBER:** P98000059287

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**ALYSSA ARRIEN**

Name of Contact Person

**A WOMAN'S TOUCH CLEANING SERVICE OF TAMPA BAY, INC.**

Firm/ Company

**2309 N.E. COACHMAN RD**

Address

**CLEARWATER, FL 33765**

City/ State and Zip Code

**awtcleaning2@aol.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**ALYSSA ARRIEN**

Name of Contact Person

at ( **727** ) **797-8770**

Area Code & Daytime Telephone Number

Enclosed is a check for the 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 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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

A WOMAN'S TOUCH CLEANING SERVICE INC. OF TAMPA BAY

(Name of Corporation as currently filed with the Florida Dept. of State)

P98000059287

(Document Number of Corporation (if known))

13 NOV 18 PM 14:55  
FILED  
CLERK OF THE CIRCUIT COURT  
IN AND FOR THE COUNTY OF HILLSBORO, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to 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**)

2309 NE Coachman Rd  
Clearwater, FL 33765

**C. Enter new mailing address, if applicable:**  
(Mailing address **MAY BE A POST OFFICE BOX**)

2309 NE Coachman Rd  
Clearwater, FL 33765

**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

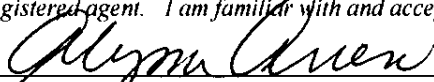
Alyssa Arrien  
2309 NE Coachman Rd  
(Florida street address)

New Registered Office Address:

Clearwater, Florida FL 33765  
(City) (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

**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:**

Change                    PT     John Doe

Remove                    V     Mike Jones

Add                         SV     Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>ALYSSA ARRIEN</u>	<u>2309 N.E. COACHMAN RD</u> <u>CLEARWATER, FL 33765</u>
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VP</u>	<u>MARY ARRIEN</u>	<u>2309 N.E. COACHMAN RD</u> <u>CLEARWATER, FL 33765</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____

**E. If amending or adding additional Articles, enter change(s) here:**  
(Attach additional sheets, if necessary). (Be specific)

N/A

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**F. 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:**  
(if not applicable, indicate N/A)

N/A

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The date of each amendment(s) adoption: SEPTEMBER 23, 2013, if other than the date this document was signed.

Effective date if applicable: SEPTEMBER 23, 2013  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- 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 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.

Dated SEPTEMBER 20, 2013

Signature Alyssa Arrien  
(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)

ALYSSA ARRIEN  
(Typed or printed name of person signing)  
PRESIDENT  
(Title of person signing)