P/WW03507/

(1	Requestor's Name)	
· (/	Address)	
. (/	Address)	
. (6	City/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(1	Business Entity Nar	ne)
(1	Document Number)	
Certified Copies	Certificates	s of Status
Special Instructions	to Filing Officer:	
		·
- 		
-		
	· · · · · · · · · · · · · · · · · · ·	

Office Use Only

6,22,10



600181462946

06/21/10--01013--027 **52.50

2018 JUN 21 AM 10: 05

COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations
NAME OF CORPORATION: MV Pressure Cleaning and Painting Com
DOCUMENT NUMBER: P10000035071
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michael Toll- Name of Contact Person
TValle of Contact I classif
Firm/ Company
2716 S. Haverhill Road
West Palm Beach, FL 33415
City/ State and Zip Code
Vi CNQ+76@ Hotmail. Com E-mail address; (to be used for future annual report notification)
For further information concerning this matter, please call:
Michael 70 // at (561) 739-9690- Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee \$\ \text{Certificate of Status}\$\$ Certificate of Status \$\ \text{Certified Copy} \ (Additional copy is enclosed)\$\$ Certificate of Status \$\ \text{Certified Copy} \ (Additional Copy is enclosed)\$\$
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as cur	rently filed with	the Florida Dept.	of State)	1/10	Park San
\				AND U	
(Document Nu	mber of Corporat	ion (if known)	 _	•	2/ 3
(Document Nu	iniber of Corporat	ion (ii kilowii)			14.
uant to the provisions of section 607.10 ndment(s) to its Articles of Incorporation:		es, this <i>Florida P</i>	rofit Corporation	adopts the follo	owing O.
f amending name, enter the new name	of the corporatio	n:	:		
MV Pressure	cleanin	9 CDY 6	>	The new	
e must be distinguishable and contain	the word "corp	oration," "compo	ny," or "incorpe	orated" or the	
eviation "Corp.," "Inc.," or Co.," or the e must contain the word "chartered," "pr				nal corporation	
Enter new principal office address, if ap	nlicable:	2716 5	. Haverhi	11 Road	
ncipal office address <u>MUST BE A STRE</u>			L 33415		
•	<i>-</i>	WYB, F	<u> </u>	>	
		D/A) <u>.</u>		•
		NIA) . .		,
		<u> </u>			,
		<u></u>)· '.		,
Mailing address <u>MAY BE A POST OFF</u>	TICE BOX)	n l f)		
Mailing address <u>MAY BE A POST OFF</u> If amending the registered agent and/or	TCE BOX) registered office		a, enter the name	e of the	
Mailing address <u>MAY BE A POST OFF</u> If amending the registered agent and/or	TCE BOX) registered office		a, enter the name	of the	
Mailing address <u>MAY BE A POST OFF</u> If amending the registered agent and/or	TCE BOX) registered office		a, enter the name	e of the	
Mailing address <u>MAY BE A POST OFF</u> If amending the registered agent and/or new registered agent and/or the new reg	TCE BOX) registered office		a, enter the name	e of the	
Mailing address <u>MAY BE A POST OFF</u> If amending the registered agent and/or new registered agent and/or the new reg	TCE BOX) registered office additional controls and the controls are additional controls and additional controls are additional controls are additional controls and additional controls are additional controls are additional controls and additional control controls are additional controls and additional controls are additional controls are additional control controls and additional control c		a, enter the name	of the	
Mailing address MAY BE A POST OFF If amending the registered agent and/or new registered agent and/or the new registered Agent. Name of New Registered Agent.	TCE BOX) registered office additional controls and the controls are additional controls and additional controls are additional controls are additional controls and additional controls are additional controls are additional controls and additional control controls are additional controls and additional controls are additional controls are additional control controls and additional control c	dress:	: : : : : : : : : : : : : : : : : : :	of the	
Mailing address MAY BE A POST OFF If amending the registered agent and/or new registered agent and/or the new registered Agent. Name of New Registered Agent.	registered office sistered office add	dress:	, Florida	e of the	
Mailing address MAY BE A POST OFF If amending the registered agent and/or new registered agent and/or the new registered Agent. Name of New Registered Agent.	TCE BOX) registered office additional controls and the controls are additional controls and additional controls are additional controls are additional controls and additional controls are additional controls are additional controls and additional control controls are additional controls and additional controls are additional controls are additional control controls and additional control c	dress:	: : : : : : : : : : : : : : : : : : :	of the	
Mailing address MAY BE A POST OFF If amending the registered agent and/or new registered agent and/or the new registered Agent: Name of New Registered Agent: New Registered Office Address:	registered office gistered office address (Flora (City))	dress: ida street address) gent:	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;		
Mailing address MAY BE A POST OFF If amending the registered agent and/or new registered agent and/or the new registered Agent: Name of New Registered Agent: New Registered Office Address:	registered office gistered office address (Flora (City))	dress: ida street address) gent:	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;		
	registered office gistered office address (Flora (City))	dress: ida street address) gent:	, Florida		

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) **Type of Action** <u>Title</u> Name Address ☐ Add ☐ Remove ☐ Add ☐ Remove _ 🔲 Add Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) 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)

The date of each amendment(s		1-10	,
Effective date if applicable:	(date of ado	ption is required)	
Епесиче часе <u>и яррисярые</u> .	'no more than 90 days after a	nendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. e sufficient for approval.	The number of votes ca	ast for the amendment(s)
	approved by the shareholders for each voting group entitled		
"The number of votes ca	ast for the amendment(s) was/	were sufficient for appro	oval
by		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	İ
(voting group)		•
action was not required.	adopted by the board of direct adopted by the incorporators		
Dated	117/10		
selec	director, president or other or ted, by an incorporator—if in inted fiduciary by that fiduciar	the hands of a receiver,	
	Michael .	70// name of person signing	!
	(Typed or printed	name of person signing) ;
	Owner	· · · · · · · · · · · · · · · · ·	· .:
	(Title of person signir	ng)	