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SECRETARY OF STATE
ANASSEE FLOWIN

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: HIGH LEVEL CL	EAN INC			
DOCUMENT NUMB	P11000020370				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	JULIANA PIETA				
-		Name of Contact Person	1		
	TAX CONTROLLER INC				
-		Firm/ Company			
	750 E SAMPLE RD BLDG	BAY 5			
		Address			
	POMPANO BEACH , FL 33	064			
•		City/ State and Zip Code	÷		
JULIA	NA@TAXCONTROLLER.	СОМ			
	-	sed for future annual report	notification)		
For further information	concerning this matter, pleas	9543011848			
Name of Contact Person		at (at (de & Daytime Telephone Number		
	the following amount made				
■ \$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

HIGH LEVEL CLEAN INC		
(Name of Corporation as current)	ly filed with the Florida Dept. of St	ate)
P11000020370		
(Document Number o	f Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the	ne following amendment(s) to
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporatio" (Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered." "professional association," or the abbreviation "	'Co". A professional corporation n	or the abbreviation on ame must contain the
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		TEC 7
		是一
C. Enter new mailing address, if applicable:		m e m
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
		••
		Ş™ O
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address		<u>he</u>
new registered agent and/or the new registered office address	<u></u>	
Name of New Registered Agent		
<u></u>		
(Florida str	reet uddress)	
New Registered Office Address:	, Floric	
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent	•	
I hereby accept the appointment as registered agent. I am familiar v		e position.
C	Pagistared 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: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	P	PATRICIA H BRUNO	1481 SE NANCY LN
Add			PORT ST LUCIE FL
X Remove			33983
2) Change	P	NINO B BRITO	1481 SE NANCY LN
Add			PORT ST LUCIE FL
X Remove			
3) Change	P	MAURO COSTA ROCHA	22332 CALIBRE CT, APT 501
X Add			BOCA RATON FL 33433
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti attach additional sheets, if necessary).	(Be specific)
	
	•
an amendment provides for an exchorovisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

The date of each amendment(s) a date this document was signed.,	doption:	, if othe	er than the
Effective date if applicable:			_
	(no more than 90 days after amendment file date)		
Note: If the date inserted in this I document's effective date on the De	block does not meet the applicable statutory filing requirements, this date will nepartment of State's records.	ot be lis	sted as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.		
	proved by the shareholders through voting groups. The following statement 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 add action was not required.	opted by the board of directors without shareholder action and shareholder	17 HAY	<u> </u>
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	17 PM	r m
Dated05	6-12-17 Eno Bos Brit	1:1	O
Signature	lino Bos Brit	· **	
(By a d selecte	lirector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)		
	NINO B BRITO		
	(Typed or printed name of person signing)		_
	PRESIDENT		
•	(Title of person signing)		-