P14000051559

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	= #)
		_
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
	-	
Special Instructions to	Filing Officer:	
		<u></u>

Office Use Only



300291159273

10/17/16--01020--009 **35.00

OLVIENCE OF COMPORATIONS
16 OCT 17 AM 10: 11

OCT 18 2016 C MCNAIR

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: <u>CLEANER</u>	S OF USX	Coxp	ć
DOCUMENT NUMB	ation: <u>CCEANER</u> er: <u> </u>	51559		
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
	GERMAN	ALLOCO		
		Name of Contact Person	n	
-	716 1	Firm/ Company FESTAS	LHWY	
	716 A HALLANDAI	Address 6 / H 3	:300 G	
-		City/ State and Zip Cod	e	
For further information	E-mail address: (to be us concerning this matter, pleas	sed for future annual report	notification)	
Name o	Contact Person	at (at Co) 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)	
Amer Divis P.O.	ng Address adment Section ion of Corporations Box 6327 hassee, FL 32314	Ameno Divisio Cliftor 2661 E	Address Imment Section on of Corporations on Building Executive Center Circle assee, FL 32301	

Articles of Amendment to

Articles of Incorporation		5
aners of USA	4 CORP	1
oration as currently filed with the Flor	da Dept. of State)	
2140000515	59	
ocument Number of Corporation (if know	vn)	
lorida Statutes, this <i>Florida Profit Corpo</i>	ration adopts the following am	endment
he corporation:		
	The	new
cable:		
ADDRESS)		"
E BOX)		
-		
	4	
gistered office address in Florida, enter	the name of the	
gistered office address in Florida, enter ered office address:	the name of the	
	the name of the	
ered office address:	the name of the	
	the name of the	
ered office address:	the name of the	
	pration as currently filed with the Floring Project Corporation (if known or ida Statutes, this Florida Profit Corporation: word "corporation," "company," or Corp," "Inc," or "Co". A professional or the abbreviation "P.A."	pration as currently filed with the Florida Dept. of State) DIMODO 5 5 5 9 Ocument Number of Corporation (if known) orida Statutes, this Florida Profit Corporation adopts the following amendment to the corporation: The word "corporation," "company," or "incorporated" or the abbrector, "Inc," or "Co". A professional corporation name must contemporate the abbreviation "P.A." (Stable: ADDRESS)

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	PT John Doc		
X Remove	V Mike Jones		
_X Add	SV Sally Smith		
Type of Action (Check One)	<u>Title</u> <u>Name</u>	,	<u>Addres</u> s
1) Change	S GLAC	OZELA AMADO	TIL NFESERAL HWY HALLANDALE, EL
Add Remove			HALLANDALE, EL 3300 9
2) Kange	C GEL	MAN Alloco	716 NFESELAL HWY HALLANDALE, FL
Add			33009
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if nécessary).	(Be specific)		
		<u> </u>	
· · · · · · · · · · · · · · · · · · ·			
f an amendment provides for an exch	nange, reclassification, (or cancellation of issue	d shar <u>es.</u>
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not containe	in the amendment its	<u>elf:</u>
		<u></u>	
	<u></u>		

··

The date of each amendment(s) adoption: date this document was signed.	-/-/6 if other than th
Effective date if applicable:	
(no more than 90 d	lays after amendment file date)
Note: If the date inserted in this block does not meet the applicab document's effective date on the Department of State's records.	le statutory filing requirements, this date will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The new by the shareholders was/were sufficient for approval.	imber of votes cast for the amendment(s)
The amendment(s) was/were approved by the shareholders throug must be separately provided for each voting group entitled to vo	
"The number of votes cast for the amendment(s) was/were s	sufficient for approval
by	·*
(voting group)	
The amendment(s) was/were adopted by the board of directors was not required.	ithout shareholder action and shareholder
The amendment(s) was/were adopted by the incorporators withou action was not required.	it shareholder action and shareholder
Dated 9-1	
(By a director, president or other office	if directors or officers have not been usinds of a receiver, trustee, or other court
appointed fiduciary by that fiduciary)	gains of a receiver, this ice, or outer court
GERMAN	ALLOCO
(Typed or printed na	me of person signing)
alth,	K
(Title of	nerson signing)