L03771

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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: United States Cleaning Services Inc. L03 771 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Lenge D'Donnell
Name of Contact Person United States Cleaning Services Inc. 11405 Newgaje Crest Drive Lena e O US Cleaning Services . Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (813) 928-58 44 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 & □\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Clenning

Articles of Amendment to Articles of Incorporation of

FILED

MAY 17 and 1:27

UNITED STATES CLEARNING SERV	ICES INC.	18 (1) 1 (all 1) 21
(<u>Name</u>	of Corporation as currently filed	with the Florida DESCRESIMBY OF STATE TALL AHASSEE, FL
· · · · · · · · · · · · · · · · · · ·	(Document Number of Corpo	ration (if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this <i>Florida</i>	Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new n	ame of the corporation:	
name must be distinguishable and contain "Inc.," or Co.," or the designation "("chartered," "professional association."	Corp," "Inc," or "Co". A profe.	y," or "incorporated" or the abbreviation "Corp.," ssional corporation name must contain the word
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>		
C. Enter new mailing address, if appl (Mailing address MAY BE A POST	<u></u>	
D. If amending the registered agent as new registered agent and/or the ne		Florida, enter the name of the
Name of New Registered Agent	LENAE O'DONNELL	
	11405 NEWGATE CREST DRIV	E
New Registered Office Address:	(Florida street addr RIVERVIEW	ess) Florida 33579
	(City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist		I accept the obligations of the position. Old Agent, if changing
Check if applicable		

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

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)	Title	<u>Name</u>	Address
1) Change	CEO	BRIAN O'DONNELL	11405 NEWGATE CREST DRIVE
Add			RIVERVIEW FL 33579
X Remove 2) Change	P	LENAE O'DONNELL	11405 NEWGATE CREST DRIVE
X Add			RIVERVIEW FL 33579
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		-	
Add			
Remove			
δ) Change		<u> </u>	
Add			
Remove			

mach additional sheets, if necessary,	rticles, enter change(s) here:). (Be specific)	
		
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f an amendment provides for an ex	change, reclassification, or cancellation of issued shares,	
provisions for implementing the an	nendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
		_

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The date of each amendment(s) adoption:	, if other than the
late this document was signed.	
Effective date <u>if applicable</u> :	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this locument's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder a action was not required.	etion and shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendme by the shareholders was/were sufficient for approval.	nt(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
by	
Signature (By a director, president or other officer – if directors or officers have not bee selected, by an incorporator – if in the hands of a receiver, trustee, or other coappointed fiduciary by that fiduciary)	
LENAE O'DONNELL	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	

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