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2020 FEB 27 AM 7: 08

MAR 1 9 2020 S. YOUNG

COVER LETTER

Division of Corporations
AME OF CORPORATION: All Island Cleaning And Restoration, Inc.
OCUMENT NUMBER: PO200130262
te enclosed Articles of Amendment and fee are submitted for filing.
ease return all correspondence concerning this matter to the following:
Michael Harchuck Name of Contact Person All Island Cleaning And Renovation Inc. Name Firm/Company
Name of Contact Person
All Island Cleaning and Renovation, Inc. Mais
Firm Company
1851 BARRINGTON CIRCLE
1851 GATTINGTON CITCLE Address Pock ledge FL 32955 City/ State and Zip Code
City/ State and Zip Code
Michael Smail 96 6 Gmail. Com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
nichael Harchuck at (321) 433 0604
Name of Contact Person Area Code & Daytime Telephone Number
nclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee

Street Address
Amendment Section
Division of Corporations

The Centre of Tallahassee

Mailing Address
Amendment Section

P.O. Box 6327

Division of Corporations

Articles of Amendment

to

Articles of Incorporation

All Island Cleaning And	Restoration	Inc.
(Name of Corporation as current)	y filed with the Florida Dept. of St	ate)
PD2000130262		
(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:	1, ^ /	
711 ISLAND Cleaning and De	enovation Inc.	The new
A. If amending name, enter the new name of the corporation. IS And	company," or "incorporated" or the	abbreviation "Corp.," nust contain the word
"Inc.," or Co" or the designation "Corp, Inc., or Co" chartered," "professional association," or the abbreviation "P.A.	A projessional corporation manie	20
B. Enter new principal office address, if applicable:		12 to 11 Th
(Principal office address MUST BE A STREET ADDRESS)	/	CEA TH
		300 N
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	T OF SINIE
D. If amending the registered agent and/or registered office ad-	dress in Florida, enter the name of	the
new registered agent and/or the new registered office address	38:/	_
Name of New Registered Agent	/ <u>A</u>	
Nume of the Megaser will be a		
(Florida s	treet address)	
New Registered Office Address:	/ A, Flor	ida
New Registered Office Address.	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familian	nt: r with and accept the obligations of t	he position.
	Paristand Agent (Cohonging	
Signature of New	Registered 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)

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 Doc				
X Remove	<u>v</u>	Mike Jones				
_X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>	<u>Na</u>	ime	$\int \Delta$	<u>Addres</u> s	
1) Change						
Add						·
Remove						<u>-</u>
2) Change						
Add						
Remove Change						
Add						
Remove						
4) Change						
Add						
Remove						
5) Change						
Add						
Remove						<u> </u>
6) Change						
Add						
Remove						

ttach additional sheets, if necessary).	es, enter change(s) here: (Be specific)
	1
\wedge	
an amendment provides for an exchai	nge, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	iment if not contained in the amendment itself:
	
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2/20/20 Feb 20 2020 18 1 1 1 1
The date of each amendment(s) adoption: 3/20/2020 Feb 20 2020 if other than the date this document was signed.
Effective date if applicable: (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 date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ 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)
(roung 81 vary)
Dated 2/20/2020
Signature Mela Hanling
(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)
Michael Harchuck (Typed or printed name of person signing)
▲ .
President
(Title of person signing)