

P020000132202

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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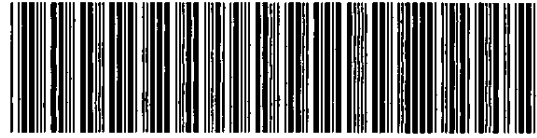
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
08 AUG -4 PM 1:24

Amend
@ 8/11/08

COVER LETTER

**TO: Amendment Section
Division of Corporations**

NAME OF CORPORATION: ALL CARE SWEEPING INC.

DOCUMENT NUMBER: P02000132202

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

THOMAS P. VALDEZ
(Name of Contact Person)

(Firm/ Company)

34032 CONGRESSIONAL AVE
(Address)

DADE CITY, FL 33523
(City/ State and Zip Code)

For further information concerning this matter, please call:

THOMAS P. VALDEZ at (352) 303-4747
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$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

ALL CARE SWEEPING INC.

(Name of corporation as currently filed with the Florida Dept. of State)

P02000132202

(Document number of corporation (if known))

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DIVISION OF CORPORATIONS
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Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

II OFFICE AND MAILING ADDRESS SHALL BE

34032 CONGRESSIONAL AVE, RIDGE MANOR, FL 33523

V REGISTERED OFFICE ADDRESS IS SAME AS ABOVE

REGISTERED AGENT SHALL BE THOMAS P. VALDEZ

VIII OFFICERS

PRESIDENT SHALL BE BRANDI J. VALDEZ USE ABOVE ADDRESS

VICE PRESIDENT SHALL BE THOMAS P. VALDEZ USE ADDRESS ABOVE

(Attach additional pages if necessary)

If an amendment provides for 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)

(continued)

The date of each amendment(s) adoption: August 1, 2008

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- The amendment(s) was/were approved 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)
- The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signature Thomas P. Valdez Edwin D. Button *past president*
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - ~~is~~ in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

THOMAS P. VALDEZ
(Typed or printed name of person signing)

VICE PRESIDENT
(Title of person signing)

FILING FEE: \$35