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SECRETARY OF STATE
TALL/ HASSEE, FLORIDA

JUL 21 2015 T CANNOT:

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPORATION: YOUR HOUS   | SE IS OUR HOUSE CLEANING SERVICE, INC   |
|--|---|
| DOCUMENT NUMBER: P03000008413  |   |
| The enclosed Articles of Amendment and fee a   | are submitted for filing.   |
| Please return all correspondence concerning the  | is matter to the following:   |
| TAMMY L. ALLEN   |   |
| · · · · · · · · · · · · · · · · · · ·  | Name of Contact Person  |
| YOUR HOUSE IS OU   | R HOUSE CLEANING SERVICE, INC   |
|  | Firm/ Company   |
| P.O. BOX 7410  |   |
|  | Address   |
| WESLEY CHAPEL, FI  | LORIDA 33545  |
|  | City/ State and Zip Code  |
| TLALLEN301@YAHOO.CC  | ОМ  |
| E-mail address: (to  | be used for future annual report notification)  |
| For further information concerning this matter,  | please call:  |
| TAMMY L. ALLEN   | at (813 309-0867  |
| Name of Contact Person   | Area Code & Daytime Telephone Number  |
| Enclosed is a check for the following amount n   | nade payable to the Florida Department of State:  |
| \$35 Filing Fee  \$2 \$43.75 Filing Fee Certificate of Sta                                     | <del>-</del>  |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Γallahassee, 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

YOUR HOUSE IS OUR HOUSE CLEANING SERVICE, INC.

| TOOK HOUSE IS OOK HOUSE CEEANING SERVICE, I  |  |
|--|--|
| ·  | currently filed with the Florida Dept. of State)   |
| P03000008413   |  |
| (Document No   | umber of Corporation (if known)  |
| Pursuant to the provisions of section 607.1006, Florida Statutits Articles of Incorporation:                           | tes, this Florida Profit Corporation adopts the following amendment(s) to  |
| A. If amending name, enter the new name of the corpora   | tion:  |
| SOMETHING IN COMMON CLEANING SOLUTIONS, I  | NC The new   |
|  | rporation," "company," or "incorporated" or the abbreviation c," or "Co". A professional corporation name must contain the |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS               |  |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                                | P.O. BOX 7410  |
|  | WESLEY CHAPEL, FL 33545  |
|  | <b>5</b>   |
| D. If amending the registered agent and/or registered off new registered agent and/or the new registered office        | address:   |
| Name of New Registered Agent   |  |
|  | STAI<br>STAI   |
|  | lorida street address)   |
| New Registered Office Address:   | (City), Florida (Zip Code)   |
|  |  |
| New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am for |  |
| Signature o  | of New Registered 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 <math>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<br>(Check One) | <u>Title</u> | Name        | <u>Addres</u> s |               |  |
| !) Change                     |              |             |                 |               |  |
| Add                           |              |             |                 |               | _  |
| Remove                        |              |             |                 |               | _  |
| 2) Change                     |              |             |                 |               |  |
| Add                           |              |             |                 |               |  |
| Remove                        |              |             |                 | <u>5</u>      | SECI<br>FALL                                 |
| 3 ) Change                    |              |             |                 |               |  |
| Add                           |              |             |                 | 2)<br>0       | RY<br>SSEF                                   |
| Remove                        |              |             |                 | <u>ာ</u><br>ယ | ARY OF STATE                                 |
| 4) Change                     |              |             |                 | 59            | AON  |
| Add                           |              |             |                 |               |  |
| Remove                        |              |             |                 |               |  |
| 5) Change                     |              |             |                 |               |  |
| Add                           |              |             |                 |               | _  |
| Remove                        |              |             |                 |               | <del></del>                                  |
|                               |              |             |                 |               |  |
| 6) Change                     | <del></del>  |             |                 |               | <u>.                                    </u> |
| Add                           |              |             |                 |               | _  |
| Remove                        |              |             |                 |               |  |

| Samending or adding additional Articutach additional sheets, if necessary). | (Be specific)  |                                       |
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| f an amendment provides for an exch<br>provisions for implementing the ame  | ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself: | P                                     |
| (if not applicable, indicate N/A)   | nament is not contained in the amenament issui-  | ယ္                                    |
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| The date of each amendment(s) adoption:  date this document was signed.  | , if other the                 |
|--|--------------------------------|
| Effective date if applicable:  |                                |
| (no more than 90 days after amendment file date)   |                                |
| <b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date v document's effective date on the Department of State's records.                          | vill not be listed             |
| Adoption of Amendment(s) (CHECK ONE)   |                                |
| ☐ 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)  |                                |
| (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.  Dated  Signature  January  January   | SECRETARY OF SITALLAHASSEE.FLC |
| (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) | TATE<br>ORIDA                  |
| TAMMY L. ALLEN   |                                |
| (Typed or printed name of person signing)  |                                |
| PRESIDENT  |                                |
| (Title of person signing)  |                                |

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