P03000086718

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(Address)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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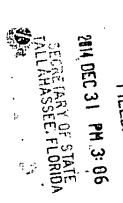
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: The Kleaning Krew, Inc.							
DOCUMENT NUMBER: P030000 86718							
The enclosed Articles of Amendment and fee are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
Rafael Gomez Name of Contact Person The Klewing Klewing. Firm/Company							
13799 Temple Blud							
Light Palm Beach, FL 33412 City/State and Zip Code							
Leaning Rewo Compast. Net E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Rafael Gonez ar (561, 767-D475							
Name of Contact Person Area Code & Daytime Telephone Number							
Enclosed is a check for the following amount made payable to the Florida Department of State:							
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)							
Mailing Address Amendment Section Amendment Section							

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

	Articles of Amend	ment ·	•
	to	۳۱: <u>۱</u>	'n
, ,	Articles of Incorpo	ration FILE	ako!
The Kleenin KREIN	of	5814 DEC 31	PM 3: 86
(Name of Corporation as currently	filed with the Florid		
10000001		a Dept. of State) TAIL AHASS	SEE, FLURID
<u> </u>			**************************************
(Document Number of	of Corporation (if kno	wn) D	į.e.
Pursuant to the provisions of section 607.1006, Flori its Articles of Incorporation:	da Śtatutes, this <i>Flori</i>	da Profit Corporation add	opts the following amendment(s) to
A. If amending name, enter the new name of the	cornoration.		
	COI POT ALION.		
NIA			The new
name must be distinguishable and contain the we "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or the	p," "Inc," or "Co".	A professional corporat	
B. Enter new principal office address, if applicab	ole:		
(Principal office address MUST BE A STREET AI		1 () \	
		NH	
			
C. Enter new mailing address, if applicable:		1	
(Mailing address MAY BE A POST OFFICE B	(OX)	\ \ \ \ _	
(<u></u>	KIIA	
		14 7	
			· · · · · · · · · · · · · · · · · · ·
D. If amending the registered agent and/or regist		n Florida, enter the name	of the
new registered agent and/or the new registere	<u>a office address:</u>		
Name of New Registered Agent			
	(Florida street ad	dress)	
New Projectored Office Address		Cladda	
New Registered Office Address:	(City)	, Florida	(Zip Code)
	1		(isip couc)
New Registered Agent's Signature, if changing R	egistered Agent:		C.I
I hereby accept the appointment as registered agent	i am jamillar with a	nu accepi ine obligations	oj ine position.
Signature of	New Registered Agent	if changing	
a		·	

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>P</u> T	John Doe					
X Remove	<u>v</u>	Mike Jones					
X Add	<u>sv</u>	Sally Smith					
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s				
1) Change	SI	Inga S. Gomez	13799 Temple Blud.				
Add			West Palm Beach, FL3341				
Remove							
2) Change							
Add							
Remove							
3) Change							
Add							
Remove							
4) Change							
Add							
Remove							
5) Change							
Add							
Remove							
6) Change							
Add							
Remove							

If amending or adding additional Articles, enter ch Attach additional sheets, if necessary). (Be specific)
f an amendment provides for an exchange, reclass	sification, or cancellation of issued shares,
provisions for implementing the amendment if not (if not applicable, indicate N/A)	t contained in the amendment itseit:
(y noi applicable, malcule WA)	

12/20/14	
The date of each amendment(s) adoption:	, if other than the
12/20/11/	
Effective date if applicable: (no more than 90 days after amendment file date)	
(
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)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder	
action was not required.	
√ 1	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
action was not required.	
Dated 12 29 14	
Signature	
(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)	
appointed riddelary by that indiciary)	
Batae Gomez	
(Typed or printed name of person signing)	
President	
(Title of person signing)	