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SECRETARY OF STATE TALLAHASSEE.FLORIDA

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2/5/09

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: <u>MASS CLI</u>	EANING INC	
DOCUMENT NUM	ивек: <u>Р04000036</u>	5719	
The enclosed Article	es of Amendment and fee a	are submitted for filing.	
Please return all con	respondence concerning th	is matter to the following:	
	······································	ASSA MOKUWA of Contact Person)	TT-6-4 Tils Tils Tils Tils Tils Tils Tils Tils
	(ivanie	or condet reisony	
		MASS ENTERPRISES IC	
	(Fi	rm/ Company)	
	6034 CHES	TER AVENUE, SUITE 205	
		(Address)	
·*·	', ' ''.	SONVILLE, FL 32217	
	(City/ S	State and Zip Code)	
For further informat	ion concerning this matter,	please call:	
MASSA MOKUWA	,	at (904) 616-430	5
(Name	of Contact Person)	(Area Code & Daytime	e Telephone Number)
Enclosed is a check	for the following amount r	nade payable to the Florida De	partment of State:
\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy
			is enclosed)
Mailing Add		Street Address	
Amendment		Amendment Section	
Division of C		Division of Corporations	
P.O. Box 633		Clifton Building	
Tallahassee,	FL 32314	2661 Executive Center C Tallahassee, FL 32301	ircle
\		Talianassee, FL 32301	

Articles of Amendment

FILED

MASS CLEANING INC (Name of Corporation as currently filed with the Florida Dept of State) F.F. (Inc.) P0400036719 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: DANMASS ENTERPRISES INC The new name must be distinguishable and contain the word "corporation," "company "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "In "Co". A professional corporation name must contain the word "chartered," "professionation," or the abbreviation "P.A." 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)	SECRETARY OF SMATE Urrently filed with the Florida Dept. of States EE. FLORIDA O4000036719 Number of Corporation (if known) 1006, Florida Statutes, this Florida Profit Corporation adopts the corporation: The end contain the word "corporation," "company," or po.," "Inc.," or Co.," or the designation "Corp," "Inc," or name must contain the word "chartered," "professional applicable: REET ADDRESS Our registered office address in Florida, enter the name of the	MASS CLEANING INC (Name of Corporation as currently filed with the Florida Dept. of State) E. F. L. ORID. P04000036719 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation ado following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: DANMASS ENTERPRISES INC The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 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)	Aruc	of of the organization	2009 FEB -	-2 PM:4:26
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new registered agent and/or the new registered office address:	(Florida street address) , Florida (City) (Zip Code)	new registered agent and/or the new registered office address:			-	
Name of New Registered Agent:	, Florida (City) (Zip Code)	Name of New Registered Agent:			s in Florida, ente	r the name of the
	, Florida		Name of New Registered Agent:			,
New Registered Office Address: (Florida street address)	(City) (Zip Code)	New Registered Office Address: (Florida street address)	New Registered Office Address:	(Florida stre	et address)	
			•			
(City) (Zip C		(City) (Zip Code)		(City)	•	(Zip Code)

position.

Signature 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) **Title** <u>Name</u> Address **Type of Action** ☐ Add ____ Remove _____ Add ☐ Remove Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an 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)

The date of each amendment(s)	adoption: 01 - 01 - 2009
Effective date <u>if applicable</u> :	01 - 01 - 2.09 To more than 90 days after amendment file date)
·	
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes cas	t for the amendment(s) was/were sufficient for approval
by	oting group)
(ve	oting group)
The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated 01/2	0/09
Signature	director, president or other officer – if directors or officers have not been
selecte	ed, by an incorporator – if in the hands of a receiver, trustee, or other court sted fiduciary by that fiduciary)
	MASSA MOKUWA
-	(Typed or printed name of person signing)
	PRESIDENT
-	(Title of person signing)