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C. GOLDEN

JUL 1 0 2018

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATIO	N: Tito u	IN DOW CLE	ANING 2 PROFE	ESSIONAL DAINTING
DOCUMENT NUMBER: _	P0400	006 1998		INC
The enclosed Articles of Amo				,
Please return all corresponde	ice concerning this ma	tter to the following:		
	ZEN	AiDA CABI	REIZA	
		Name of Contact Perso	 	-
		Firm/ Company		-
	3185 SU	Address City/ State and Zip Cod	.7	_
		Address		
	ALCAA	(1)	135	-
<u>+i</u> T	ow 1 6 6	ellsovth.n	et	
	man address, (to be us	section ruture amidar report	notification)	
For further information conce	rning this matter, pleas	se call:		
ZENAID	A CABILE	era = 786	de & Daytime Telephone Numbe	, ₃
Name of Cont	act Person	Area Co	de & Daytime Telephone Numbe	<u></u>
Enclosed is a check for the fo				
	\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
P.O. Box 6.	Section Corporations 527	Amend Divisio Clifton	Address Iment Section on of Corporations Building	
Tallahassee	, F1, 32314		xecutive Center Circle issee, FL 32301	

Articles of Amendment to Articles of Incorporation

icles of Incorporation of

TITO WINDOW CLEANING	& PROFESS	SIDNAL PA	iNIING,
(Name of Corporation as current	• •	Dept. of State)	,
Podooc			
(Document Number o	of Corporation (if known)	•	
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporal	tion adopts the follow	ring amendment(s) t
A. If amending name, enter the new name of the corporation:			
N/A			The new
N/P name must be distinguishable and contain the word "corporatio" "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or ' word "chartered," "professional association," or the abbreviation	"Co". A professional ce	ncorporated" or the orporation name mus	abbreviation st contain the
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	N/A		
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address Name of New Registered Agent PA	ress in Florida, enter th	e name of the	
(Classical and Control of Control	vet address)		
Cromac Sir	cet adaress)		
New Registered Office Address:	(City)	, Florida	p Codes
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar s Signature of New R	: with and accept the oblig Registered Agent, if chans	TAKE TAKE	2018 JI
Signature of New K	жуғысғей муст, 1] спапұ	HA A	ETA F

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: \underline{X} Change	<u>PT</u>	John Doc	
X Remove	\underline{V}	Mike Jones	
<u>X</u> Add	\underline{SV}	Sally Smith	
Type of Action (Clicck One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	\supseteq	EPITANIO CABREDA	3185 SW 27th ST
Add Remove			LiAHI, ≠L 33133
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ling additional Articles, enter change(s) here: iccts, if necessary). (Be specific)
	1.0
 	
_	
	
f an amendment p	rovides for an exchange, reclassification, or cancellation of issued shares,
provisions for imp	lementing the amendment if not contained in the amendment itself:
	ole, indicate N/A)
IWAN	T TO RELIOVE THE SHARES FOR EPIFAN
CABRET	A AND ACQUIRE 4HE 100% OF THE
SHARE	A, AND ACQUIRE 4HE 100% OF THE S FOR MYSELF (ZENAIDA WABRER
	· ·

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: 07/06/8018	
Effective date if applicable: $\frac{\partial + \partial \phi}{\partial \phi} = \frac{\partial \phi}{\partial $	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date w	fill 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 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 east 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.	
Dated_ 07/06/2018 Signature_ Zarvarche Outon.	
Signature Zarrarche aubun.	
(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)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
DIRECTOR	
(Title of person signing)	 -
STATE OF FLOTLIDA COUNTY OF LUAKU DADE	
Sworn to and subscribed	
hafara ma this	
6 day of July, 20 18	
Light Coastal	
IVett Garofalo Page 4 of 4 COMMISSION A FINESSES EAP RES No.7 2, 2015 WWW AARONNOTARY.COM	