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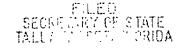
TO: Amendment Section Division of Corporations

NAME OF CORPORA	Ation: Ashley	I's Xtreme	Cleaning Serukes, Inc
DOCUMENT NUMBI		00094,574	
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
	Ashley's 2 11813 E Royal Pa	Name of Contact Person Ktreme Clean Firm/Company Salsam Dr Address Alm Bach City/ State and Zip Cod MDS Q yahc sed for future annual report	ring Services, Inc. F1. 33411
For further information	E-mail address: (to be us concerning this matter, pleas	·	notification)
	Derups Contact Person	at (<u>54)</u> Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)
<u>Maili</u>	ng Address	Street	Address

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 Amendment to Articles of Incorporation



	of	poration	13 NOV 18	PH 3: 40
Ashley's Xtreme		Services,	Inc	
(Name of Corporation as cur	rently filed with the flo	rida Dept. of State)		
PO 400	0096574			
(Document No	umber of Corporation (if l	mown)		_
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	6, Florida Statutes, this <i>Fl</i>	orida Profit Corporati	on adopts the following	ng amendment(s) to
A. If amending name, enter the new name	of the corporation:			
NA				The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designatio word "chartered," "professional association	n "Corp," "Inc," or "Co	o". A professional co	corporated" or the c rporation name must	ubbreviation
B. Enter new principal office address, if a	anlicable.	NA		
(Principal office address MUST BE A STRE				
C. Enter new mailing address, if applicab				_
(Mailing address <u>MAY BE A POST OF I</u>	FICE BOX)			_
D. If amonding the agricultural equation de	wayintawad office address	no in Florida, ontar the	a name of the	
D. If amending the registered agent and/or new registered agent and/or the new re		ss in Florida, enter tij	e name of the	
Name of New Registered Agent	NA			
Name of New Kegisterea Agent				
	(Florida stree	t address)		
New Registered Office Address:		. Flo	orida	
	(City)		(Zip Code)	_
New Registered Agent's Signature, if chan				
I hereby accept the appointment as registered	l agent. I am familiar wi	th and accept the obliga	ations of the position.	
	D/T			
Cianat	luun of Now Danistavad An	out if abouting		

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>PT</u> <u>John</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sally</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	Mar	Willie Ball	11813 Balsam Dr RPB, Fl. 33411
Add			RPB, F1. 33411
Remove			
2) Change	<u> </u>		
Add			
Remove			
3) Change			
Remove			
4) Change			<u> </u>
Remove			
5.			
5) Change			
Remove			
6) Change			
Remove			

. If amending or adding additional Artic (Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
NA	
<u> </u>	
·	
. If an amendment provides for an exchiprovisions for implementing the amer (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and an analysis

The date of each amendment(s) adop	ption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.	
	ved by the shareholders through voting groups. The following statement ich voting group entitled to vote separately on the amendment(s):	
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were adopt action was not required.	ed by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareholder action and shareholder	
Dated	1114/12	
Dated	-Nele In Ours Pres.	
Signature(By a dire	ector, president or/other officer – if directors or officers have not been	
· ·	by an incorporator of the hands of a receiver, trustee, or other court	
арроппес	I fiduciary by that fiduciary)	
	Helen J. Demps	
	(Typed or printed name of person signing)	
	Pres.	
-	(Title of person signing)	_