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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Orlando De	tails Cleaning S	ervices Inc.
DOCUMENT NUMB	_{ER:} P0400010231	9	
	f Amendment and fee are sul		
Please return all corresp	oondence concerning this mat	ter to the following:	
· .	Steven Schreiber		
		Name of Contact Person	ı
	Orlando Details C	Cleaning Service	s Inc.
-		Firm/ Company	
	1209 Vickers Lak	e Dr.	
-	· · · · · ·	Address	
	Ocoee, FL 34761		
-	·	City/ State and Zip Code	
stev	venschreiber@ho	tmail.com	
		sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Steven Schreiber		_{at (} 407	967-8268 de & Daytime Telephone Number
Name o	f Contact Person	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 enclosed)	□\$43.75 Filing Fee & Certified Copy (Additional copy is (Additional C	□\$52.50 Filing Fee Certificate of Status Certified Copy topy is enclosed)
Ame Divis P.O.	ing Address Indment Section Issued of Corporations Box 6327 hassee, FL 32314	Amend Divisio .Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation

Orlando Details Cleaning Services Inc.		
(Name of Corporation as currently filed with the F	lorida Dept. of State)	-
P04000102319		
(Document Number of Corporation (i	f known)	-
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following	ng amendment(s) to
A. If amending name, enter the new name of the corporation:		
NIA		The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "word "chartered." "professional association." or the abbreviation "	Co". A professional corporation name must	bbreviation
B. Enter new principal office address, if applicable:	1209 Vickers Lake Dr.	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Ocoee, FL 34761	_
		_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1209 Vickers Lake Dr	
	Ocoee, FL 34761	_
		_
D. If amending the registered agent and/or registered office addr- new registered agent and/or the new registered office address:	ess in Florida, enter the name of the	
Name of New Registered Agent Steven Schreibe	r ·	Aug -1
1209 Vickers La	ke Dr	12. 11.
(Florida stre		AHA ABCI B
New Registered Office Address: Ocoee	Ocoee, Florida 34761	
(City)	(Zip Code)	14 P 255
	,	
New Registered Agent's Signature, if changing Registered Agent:		8 8 8 8
I hereby accept the appointment as registered agent. I am familiar w	eith and accept the obligations of the position.	, per
Signature of New Registered A.	gent 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 (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Change X Add Remove	P	Steven Schreiber	1209 Vickers Lake Dr Ocoee, FL 34761
2) Change Add Remove			
3) Change Add Remove		_	
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)
NSA
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)
NIA
· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s)	adoption: 1/1/2012
Effective date if applicable:	/1/2012
-	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
☐ The amendment(s) was/were ap must be separately provided for	proved 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	
	(voting group)
action was not required.	lopted by the board of directors without shareholder action and shareholder lopted by the incorporators without shareholder action and shareholder
Dated 1/1/20	112 Le Sa
(By a selecte	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)
	Steven Schreiber
	(Typed or printed name of person signing)
	President
	(Title of person signing)