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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: DAniel Cleaning Service Corporation
DOCUMENT NUMBER: P04000 156291
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person
DC Accounting Services P.A.
24156 State Pol 54 Ste 1 Address
Lutz FL 33559 City/ State and Zip Code
E-mail address: (to be used for future annual report in filication)
For further information concerning this matter, please call:
David Cruz at (813) 345-8503 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 \$\ \text{Certificate of Status}\$\$ Certificate of Status \$\ \text{Certified Copy} \ (Additional copy is enclosed)\$\$ Certified Copy \ (Additional Copy is enclosed)\$\$ Certified Copy \ (Additional Copy is enclosed)\$\$
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment

to

Articles of Incorporation

of

FILED

Daniel Cleaning Services Corporational 27 PH 1:46
(Name of Corporation as currently filed with the Florida Dept. of State)
9 04000 15 (29) SECRETARY OF STATE
(Document Number of Corporation (if known)
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
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 <u>MUST BE A STREET ADDRESS</u>)
C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent: Julio Llanes
2131 W. Paris Street
New Registered Office Address: (Florida street address)
TAMPA , Florida FL 33604 (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the 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>	<u>Address</u>	Type of Action
Pres .	Giregorio Llanes	JISI W. Facis Street	H □ Add Remove
Pres	Julio Llanes	2131 W. Reis Sher	 → MAdd → Remove
YP_	Luis Hernandez	2131 W-faeis Str Tampa FL 3360	- ee fig. Add ☑ Remove
	iding or adding additional Articles, ente		
provis	mendment provides for an exchange, reions for implementing the amendment in not applicable, indicate N/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)

Address Type of Action Add 2014 □ 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)

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 Name	<u>Address</u>	Type of Action		
The Sergio Gonzalez	7514 N. Clark Ave, Tampa FL 33614	Add Remove		
Tre Norbay Guerrero	19423 Villadel Mar Tempa FC 33647	Add Remove		
		Add 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, re-	classification, or cancellation of is:	sued shares,		
provisions for implementing the amendment if (if not applicable, indicate N/A)				
		· · · · · · · · · · · · · · · · · · ·		

The date of each amendment(
	(date of adoption is required)
Effective date <u>if applicable</u> : <u>·</u>	(no more than 90 days after amendment file date)
	(no more than 90 days after amendment file date)
, 1 · • •	
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/were	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
	e approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes c	ast for the amendment(s) was/were sufficient for approval
by	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	(voting group)
The amendment(s) was/were action was not required.	e adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	e adopted by the incorporators without shareholder action and shareholder
	8-24-10
Signature	Market Stranger
	director, president or other officer – if directors or officers have not been
	fed, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
ирро	inted reduciary by that reduciary,
	Julio Llanes
	(Typed or printed name of person signing)
	President
	(Title of person signing)