## P05000058520

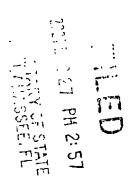
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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: ALL CLEAN AIR	SOLUTIONS, CORP.	
DOCUMENT NUM	BER: <u>P05000058520</u>		
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	MARY GIL		
	MAKT GIL	Name of Contact Person	
		Firm/ Company	
	8004 NW 154 ST, STE 445		
		Address	<del></del>
	MIAMI LAKES, FL 33016		
		City/ State and Zip Code	
	MARYGIL@COOLINGPOVE-mail address: (to be us	WERCORP.COM sed for future annual report	notification)
For further informati	on concerning this matter, pleas	se call:	
ANSELMO GIL			) 788-3306
Name of Contact Person		Area Coo	de & Daytime Telephone Number
Enclosed is a check t	or the following amount made	payable to the Florida Depa	artment of State:
S35 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 Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee. FL 32314		Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, Fl. 32303

## Articles of Amendment to Articles of Incorporation of

ALL CLEAN AIR SOLUTIONS CORP.	<u> </u>
(Name of Corporation a	as currently filed with the Florida Dept. of State)
P05000058520	
(Document	t Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statists Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpo	oration:
RUSTYGONE CORP.	The new
	pration," "company," or "incorporated" or the abbreviation "Corp.," r "Co". A professional corporation name must contain the word tion "P.A."
B. Enter new principal office address, if applicable:	<u> </u>
(Principal office address <u>MUST BE A STREET ADDRE</u>	<u>ESS</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 new registered agent and/or the new registered offi	
Name of New Registered Agent	13.00 B
	(Florida street address)
V D : 100 (11 )	PL: 1.
New Registered Office Address:	, Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I am	
Signatur	e of New Registered Agent, if changing
Check if applicable	
Check if applicable  ☐ The amendment(s) is/are being filed pursuant to s. 607	.0120 (11) (e), F.S.

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>	John Doc		
X Remove	<u>V</u>	Mike Jone	<u>es</u>	
X Add	<u>SV</u>	Sally Smi	i <u>th</u>	
Type of Action (Check One)	Title	<u>1</u>	<u>Name</u>	<u>Addres</u> s
1) Change				
Add				
Remove				····
2) Change				
Add				
Remove 3 ) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

(Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
	10-4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
	A) ** MME
	the state of the state of the state of
provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

:

	ption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment	file date)
Note: If the date inserted in this blo document's effective date on the Dep	ck does not meet the applicable statutory filing requartment of State's records.	quirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop action was not required.	ted by the incorporators, or board of directors withou	ut shareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes east for icient for approval.	or the amendment(s)
	oved by the shareholders through voting groups. The ach voting group entitled to vote separately on the ar	
"The number of votes east fo	r the amendment(s) was/were sufficient for approval	I
bv		
	(voting group)	
selected- appointed	ctor president or other officer – if directors or officer by an incorporator – if in the hands of a receiver, trul fiduciary by that fiduciary)  IARY GIL  (Typed or printed name of person signing)	
p	RESIDENT & OWNER OF 100% OF VOTING SH	ARES

(Title of person signing)