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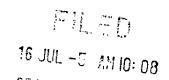
R. WHITE

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: MASTER CLEAN	CLEANING EQUIPMEN	NT & SUPPLIES INC		
DOCUMENT NUM	BER: P05000060486				
The enclosed Articles	s of Amendment and fee are su	ibmitted for filing.			
Please return all corre	espondence concerning this ma	tter to the following:			
		EDISON JAVIER CANTO	os		
		Name of Contact Perso	n		
	MASTER CLEAN CLEANING EQUIPMENT & SUPPLIES INC				
	Firm/ Company				
	2338 ALI-BABA AVENUE				
	Address				
		OPALOCKA, FLORIDA	33054		
		City/ State and Zip Cod	e		
MIL	LIES@BELLSOUTH.NET				
	•	sed for future annual report	notification)		
For further information	on concerning this matter, pleas	se call: 786	7570545		
Name of Contact Person			de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made				
\$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)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address  Amendment Section  Division of Corporations  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301			

#### Articles of Amendment to Articles of Incorporation of



MASTER CLEAN CLEANING EQUIPMENT & SUPPLIES INC

(Name	of Corporation as curre	ently filed with the Flo	rida Dept. of State)
	P0500006	0486	·
	(Document Numbe	r of Corporation (if kno	own)
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, th	nis <i>Florida Profit Corp</i>	coration adopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," o	r "Co". A profession	
B. Enter new principal office address, (Principal office address MUST BE A S		N/A	
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		N/A	<del>.</del>
		4190	
D. If amending the registered agent an			er the name of the
new registered agent and/or the new			
Name of New Registered Agent	EDISON JAVIER CAN	NTOS	
	2338 ALI-BABA AVE	NUE	
	(Florida	street address)	
New Registered Office Address:	OPALOCKA		, Florida 33054
non negaterea oppositaneas.		(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)

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>sy</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P	MARCIAL DE LA CRUZ	29163 NW 59 PL
Add			MIAMI, FLORIDA 33015
X Remove			
2) Change	P	EDISON JAVIER CANTOS	2338 ALI-BABA AVENUE
X Add			OPALOCKA, FLORIDA 33054
Remove			
3 ) Change	-	_	
Add			
Remove			
4) Change			΄.
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	<del></del>		
Add			
Remove			

E. <u>If amen</u> (Attach a	i <mark>ding or adding additional A</mark> additional sheets, if necessary	rticles, enter change ). (Be specific)	e(s) here:		
N/A					
•					
		· · · · · · ·			
	· · · · · · · · ·		· · · · ·	<del></del>	<u> </u>
<del></del>					
				······································	
. <u>If an an</u>	nendment provides for an ex	change, reclassifica	tion, or cancellation	of issued shares,	
<u>provisi</u> ( <i>if</i>	ions for implementing the ar not applicable, indicate N/A)	nenament ii not con	tamed in the amend	ment usen:	
J/A					
					<del></del>
	- the state and a				

• •	06/23/2016	
The date of each amendment		, if other than the
date this document was signed		
Effective date if applicable:	06/23/2016	
то не висе <u>и арупеате</u> .	(no more than 90 days after amendment file date)	<del></del>
	this block does not meet the applicable statutory filing requirements, this date Department of State's records.	e will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s are sufficient for approval.	)
	e approved by the shareholders through voting groups. The following statement of for each voting group entitled to vote separately on the amendment(s):	nt .
	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	e adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	
06/23/ Dated Signature	2016 M	
(B se	y a director, president or other officer – if directors or officers have not been lected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	<del></del>
	EDISON JAVIER CANTOS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	