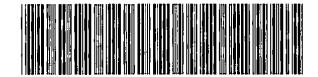
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08/27/01--01009--004 **35.00



A. Butter

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: DR Cleaning & Maintenance, Inc. The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Michelle Byson

Name of Contact Person

MD Accounting + Tax Services

Firm/ Company

430 Estancia Blvd Suite 108 For further information concerning this matter, please call: Name of Contact Person at (727) 443-0709

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & ☐\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

(Additional copy is

enclosed)

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Certified Copy

(Additional Copy is enclosed)

Articles of Amendment

to

Articles of Incorporation

DR Cleaning + Maintenance, Inglishing (Name of Corporation as currently filed with the Florida Dept. of State)

, ,	* O C C C C C C C C C C C C C C C C C C	
(De	ocument Number of Corporation (if known)	TALLAN LEGER PL
Pursuant to the provisions of section 607.1006, Florts Articles of Incorporation:	orida Statutes, this <i>Florida Profit Corporati</i>	ion adopts the following amendment
A. If amending name, enter the new name of the	he corporation:	
	ome Improvemen	tiloc. The new
name must be distinguishable and contain the word 'Inc.," or Co.," or the designation "Corp," " 'chartered," "professional association," or the a	d "corporation," "company," or "incorpord Inc," or "Co". A professional corporati	ited" or the abbreviation "Corp.," -
3. Enter new principal office address, if applic Principal office address <u>MUST BE A STREET</u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BOVI	
(Matting unaress MAT BE A 1 031 OF FICE		
		<u> </u>
		.
 If amending the registered agent and/or reg new registered agent and/or the new registe 		e name of the
	ried office address.	
Name of New Registered Agent		
		···
	(Florida street address)	
New Registered Office Address:	(Circl)	, Florida(Zip Code)
	(City)	(z.ip Code)
New Registered Agent's Signature, if changing		
hereby accept the appointment as registered age	ent. I am familiar with and accept the oblig	ations of the position.
	Signature of New Registered Agent, if chang	ing

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, nar 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: Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each officered officer. 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. 1 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 C Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u> <u>J</u>	John Doc	
X Remove	<u>V</u> <u>1</u>	Mike Jones	
<u>X</u> Add	<u>sv</u> <u>s</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Simona Soule	14181 82nd Ter. Seminole, FL 33'
Add			Jeminole, FL 33
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

, teladori additivo, tati oriccio, y receiman, j.y.	(Be specific)	
		
		<u>-</u>
		-
	. <u>. </u>	_
	···· \ <u>=</u>	
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,	
provisions for implementing the ame	endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		

The date of each amendment(s) adoption: $\frac{1}{1}\frac{1}{2021}$, if oth date this document was signed.	ier 1
Effective date <u>if applicable</u> : (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be led document's effective date on the Department of State's records.	iste
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and sharehol action was not required.	der
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
Signature Same Holube (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
Daman Holwbowski (Typed or printed name of person signing) President (Title of person signing)	_
Signature One Holube (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) Daman Holubouski (Typed or printed name of person signing) President	_