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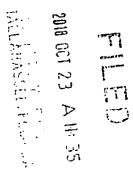
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OCT 3 0 2018 T. LEIMEUX



COVER LETTER

Division of Corporations DOCUMENT NUMBER: __ ()() () The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee □\$43.75 Filing Fee & **⊠\$**52.50 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy

enclosed)

Mailing Address

TO: Amendment Section

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

(Additional Copy is enclosed)

Articles of Amendment to

Articles of Incorporation of

Blue Point Pressure	Cleaning, Inc.
(Name of Corporation as current	ly filed with the Florida Dept. of State)
P 06000	30 33742
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	,
	The new
name must be distinguishable and contain the word "corporatio" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	
Name of New Registered Agent MONDO S	119 Ct.
New Registered Office Address: Man 1	(City) . Florida 33177 (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 I	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 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> <u>Joh</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	ke Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u>5/T</u>	Ana V. Madriz	105055W1951
Add			Milamai Fl.33025
Remove			······································
2) Change	P	Romald Jarquin	16941 SW 11907 MIGMI, FL 33177
			KINGITY, IT. OSTIT
Remove 3) Change	NP	Valoria Castillo	16941 5W 11904
<u>✓</u> Add			MIGMI F1. 33177
Remove			/ -
4) Change			
Add			
Remove			
5) Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove			
6) Change			
Add			
Remove	•		

If amending or adding additional Articles, enter chan Attach additional sheets, if necessary). (Be specific)	<u>ige(s) here</u> :
*	11
	1/1
-	
f an amendment provides for an exchange, reclassific provisions for implementing the amendment if not co	cation, or cancellation of issued shares, ontained in the amendment itself:
(if not applicable, indicate N/A) 300 SNAY(5	Ronald 5. Jarquir
150 sinares	Valeria (°astillo
50 Sharrs	Ana V. Madriz

The date of each amendment(s) adoption:	10/9/2018	, if other than the
date this document was signed.	10/9/2018	
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block doe document's effective date on the Department	es not meet the applicable statutory filing requirements, this date very of State's records.	vill not be listed as the
Adontion of Amendment(s)	CHECK ONE)	
the amendment(s) was/were adopted by the shareholders was/were sufficient for	the shareholders. The number of votes cast for the amendment(s) or approval.	
	the shareholders through voting groups. The following statementing group entitled to vote separately on the amendment(s):	
"The number of votes cast for the ar	mendment(s) was/were sufficient for approval	
by	N/A	
((voting group)	
The amendment(s) was/were adopted by t action was not required.	the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted by t action was not required.	the incorporators without shareholder action and shareholder	
Dated	1/218	
Signature	Juan Carl I	
(By a director, p selected, by an i	resident or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other court iary by that fiduciary)	
	(Typed or printed name of person signing)	
	Cryped or printed traine of person signing)	
	(Title of person signing)	