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COVER LETTER

TO: Amendment Section Division of Corporations Exhirst Cleaning NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Address City/ State and Zip Code 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 & □S43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy

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

(Additional Copy is enclosed)

Articles of Amendment to Articles of Incorporation

	Articles of Incorporation	
	of	
Hood Tet	Exhaust Clean	10xj. Incly
(Name of Co	orporation as currently filed with the Florida Dep	<u>pt. of\8tate</u>) ≠
P0700	YY)1380k	5
	(Document Number of Corporation (if known)	
	(
Pursuant to the provisions of section 607.1006 its Articles of Incorporation:	6. Florida Statutes, this <i>Florida Profit Corporation</i> a	adopts the following amendmen
A. If amending name, enter the new name of	of the corporation:	
		The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,	the word "corporation," "company," or "incorp i "Corp," "Inc," or "Co". A professional corpo " or the abbreviation "P.A."	porated" or the abbreviation
B. Enter new principal office address, if ap	mlicable.	
(Principal office address MUST BE A STRE		
		
C. Enter new mailing address, if applicabl	α•	
(Mailing address MAY BE A POST OFF		
		
	<u> </u>	
D. If amending the registered agent and/or new registered agent and/or the new reg	registered office address in Florida, enter the nazistered office address:	ime of the
Al CAL Day 14		
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	(6):	Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if chang	ing Registered Agent:	
I hereby accept the appointment as registered	agent. I am familiar with and accept the obligation	ns 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 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.

X Change	<u>PT</u>	John Do	<u>e</u>							
X Remove	<u>v</u>	Mike Jor	nes							
X Add	<u>sv</u>	Sally Sm	<u>uith</u>							
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		_		<u>Addres</u> s			
1) Change	$\sqrt{}$		<u>Gr</u>	cap	Gassel		1141	fuld_	ield	HUP
Add							Bran	idon.	FI	_
X Remove								<u>33</u> .	<u> 511</u>	_
2) Change		_				_				
Add										
Remove								. <u>.</u>		
3) Change		_			···	_				
Add									- <u>-</u>	
Remove										_
4) Change						_		<u> </u>		
Add										_
Remove									· · ·	_
5) Change		_				. .				
Add								— —— ———		
Remove									_	_
6) Change		_				_	*			
Add								. <u></u>		
Remove										

If amending or adding additional (Attach additional sheets, if necess	al Articles, enter change(s) here: sury). (Be specific)
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\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Number of igned shores
provisions for implementing th	mexchange, reclassification, or cancellation of issued shares, se amendment if not contained in the amendment itself:
(if not applicable, indicate N	V/A)
	
	<u> </u>
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<u></u>	

The date of each amendment(s) adoption: $\frac{CE}{25}/2017$ if other than the
The date of each amendment(s) adoption: CE/25/2017 , 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 block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
☐ 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
(voting group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated $8-25-2017$ Signature 2010
(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/tiduciary by that fiduciary)
(Typed or printed name of person signing)
Treasure (Title of person signing)