P07600109664

(Red	questor's Name)	
(Add	iress)	
(Add	iress)	
(City	//State/Zip/Phone	<u> </u>
, ,	•	,
PICK-UP	MAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
	•	
Special Instructions to F	Filing Officer:	
	-	

Office Use Only



600298677146

05/02/17--01010--026 **35.00



5/3°M

COVER LETTER

TO: Amendment Section Division of Corporations

	ECLEHUMB HND PHINTING ON CHU, INC
The enclosed Articles of Amendment and fee	e are submitted for filing.
Please return all correspondence concerning to	his matter to the following:
3465 NW LAUDERDALE	Name of Contact Person INING HAD PHINTING ON CHLL, INC. Firm/ Company 44 ST #104 LHUDERDHUE LHKES, FL, 33309 Address LAKES, FL, 33309 City/ State and Zip Code URE CLEHN PHINT. COM o be used for future annual report notification)
For further information concerning this matte	r, please call:
HNDRE HTHHIAN Name of Contact Person Enclosed is a check for the following amount	at (<u>354</u>) <u>528-1539</u> Area Code & Daytime Telephone Number made payable to the Florida Department of State:
\$35 Filing Fee	
Mailing Address Amendment Section	Street Address Amendment Section

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

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

rticles of Incorporation of

PRESSURE CLEANING AND PAINTING ON CALL, INC.
(Name of Corporation as currently filed with the Florida Dept. of State)
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
N/AThe new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P,A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent HNDRE HITMIHN
3465 NW 4457, #104 (Florida street address)
New Registered Office Address: LAUDERDALE LAKES , Florida 33309 (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 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	PT John	Doe	
X Remove	<u>V</u> <u>Miko</u>	e Jones	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	SVID	SILVIA PISANI	3465 NW 4451,#10
Add			FORT LHUDERDHLE,
Remove	111.	Α	FL, 33309
2) Change	NA	NIH	
Add			
Remove	WA	MIM	
3) Change	10/17	<u> </u>	
Add			
Remove	N AI M	N112	
4) Change	MH	<u> PIH</u>	
Add			
Remove			<u> </u>
5) Change	NIA	<u>VIA</u>	
Add		! •	
Remove			
6) Change	NA	NIA	NIH
Add	`	· · · · · · · · · · · · · · · · · · ·	
. Remove			

Attach additional sheets, if necessary).	(Be specific)
	n
	·
-	
- · · · · · · · · · · · · · · · · · · ·	
an amendment provides for an exchorovisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
	MA

The date of each amendment(s) adoption:	04/25/201	if other than the
date this document was signed.		·
Effective date <u>if applicable</u> :	04/25/2017	
(no	more than 90 days after amendment file o	date)
Note: If the date inserted in this block does not medocument's effective date on the Department of State		ments, this date will not be listed as the
Adoption of Amendment(s) (CHECK	(ONE)	
☐ The amendment(s) was/were adopted by the share by the shareholders was/were sufficient for appro-		: amendment(s)
☐ The amendment(s) was/were approved by the shar must be separately provided for each voting group		
"The number of votes cast for the amendmen	nt(s) was/were sufficient for approval	
by(voting g	"	
(voting g	гонр)	
The amendment(s) was/were adopted by the board action was not required.	I of directors without shareholder action a	nd shareholder
The amendment(s) was/were adopted by the incorpaction was not required.	porators without shareholder action and sl	hareho lder
Dated	2017	
Signature		
(By a director, president	or other officer - if directors or officers ha	
selected, by an incorpora appointed fiduciary by th	nor – if in the hands of a receiver, trustee, nat fiduciary)	or other court
(Type	HNDRE HTAMIF d or printed name of person signing)	1N
(Туре	a or printed name or person signing)	
	PRESIDENT	
	(Title of person signing)	