P07000114335

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: OZUNCLEAN USA	A CORP	
DOCUMENT NUMI	BER: P07000114335		
The enclosed Articles	of Amendment and fee are sub	omitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
	KATHERINE LOPEZ		
		Name of Contact Person	
	PRESIDENT		
		Firm/ Company	
	6447 MIAMI LAKES DR EA	ST STE 103 A	
		Address	
•	MIAMI LAKES, FL 33014		
		City/ State and Zip Code	
OZO	NCLEAN-USA@LIVE.COM		
	E-mail address: (to be us	ed for future annual report notification)	
	•	•	
• • •		Folial assoc, FL 32301	
For further information	ที่ใช้ดังตั้งที่เกิดให้เรียกatter, pleas	e call: C. Con Profitting 2561 Executive Center Circle	
	and the second of the second	1.540° 5° 6° 1.49°	
	~	at (
Name	of Contact Person	at (
7.0	or commer i cigor.	Their code to buyune relephone rumber	
Enclosed is a check for	r the following amount made p	payable to the Florida Department of State:	
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ame Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314 street	Tallahassee, FL 32301	
		eather Createnaide particles to the property	
f) Th	CONTRACTOR STORY		

Articles of Amendment Articles of Incorporation of

OZONCLEAN USA CORP (Name of Corporation as currently filed with the Florida Dept. of State) P07000114335

nt(s) to

	(Document Number of	of Corporation (if known)	*.
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation	adopts the following amendmen
A. If amending name, enter the new na	ame of the corporation:		
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	"Co". A professional corp	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) C. Enter new mailing address, if applicable: (Muiling address <u>MAY BE A POST OFFICE BOX</u>)		6447 MIAMI LAKES DR EAST	
		STE 103 A	
		MIAMI LAKES, FL 33014	
		6447 MIAMI LAKES DR EAST	
		STE 103 A	
		MIAMI LAKES, FL 33014	
D. If amending the registered agent an new registered agent and/or the new	w registered office addres		name of the
Name of New Registered Agent	KATHERINE LOPEZ		
	6447 MIAMI LAKES DR	EAST	
	(Florida st	reet address)	
New Registered Office Address:	MIAMI LAKES		. Florida 33014
		(City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agent ered agent. I am familiar	t: with and accept the obligat	ions of the position.
	7/11/10		

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.

Example: X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	PS	NELSON ODELLA	13360 SW 46 CT
Add			MIRAMAR, FL 33027
X Remove			
2) Change	PS	KATHERINE LOPEZ	6447 MIAMI LAKES DR EAST
X Add			STE 103 A
Remove			MIAMI LAKES, FL 33014
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5)Change			
Add			
Remove			
б) Change			
Add			
Remove			
KCHIOVE			

ttach additional sheets, if necessary).	(Be specific)	
		
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f an amendment provides for an exc	nange, reclassification, or cancellation of iss	sued shares,
	nament it nat cantsined in the smendment	nsen:
provisions for implementing the amo	nament in not contained in the unionament	
provisions for implementing the amo (if not applicable, indicate N/A)	namena i noceonameo in ancimenti	
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• • • •	06/22/2015	
The date of each amendment(s) ac	option:	, if other than th
late this document was signed.		
	2/2015	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	,,	
Note: If the date inserted in this be document's effective date on the De	lock does not meet the applicable statutory filing requirements, this partment of State's records.	date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment fficient for approval.	t(s)
	roved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	ment
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	pted by the board of directors without shareholder action and shareholder pted by the incorporators without shareholder action and shareholder	der
•		
06/22/2015 Dated Signature	Staller	
selecte	rector, president or other officer – if directors or officers have not been, by an incorporator – if in the hands of a receiver, trustee, or other co	
appoin	ed fiduciary by that fiduciary)	
	KATHERINE LOPEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	