

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : ALRON ENTERPRISES, INC.
Account Number : I20000000113
Phone : (321)951-7626
Fax Number : (321)723-8218

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Clean Love Services inc@gmail.com

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
WILD AMAZONIA, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

JUN 18 2021
S. PRATHEP

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COVER LETTER

NAME OF CORPORATION: **WILD AMAZONIA, INC.**
DOCUMENT NUMBER: **P07000120456**

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jenni Johnson
Alron Corps, Inc.
3990 Minton Rd
Melbourne, FL 32904

Email address to be used for future annual report notification:
cleanloveservicesinc@gmail.com

For further information concerning this matter, please call:

Jenni Johnson at 321-951-7626

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ARTICLES OF AMENDMENT TO ARTICLES OF INCORPORATION OF

WILD AMAZONIA, INC.

Document ID: **P07000120456**

Pursuant to the provision of section 607.1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: *(indicate article number(s) being amended, added or deleted)*

A. If amending name, enter the new name of the corporation: **Clean Love Services, Inc.**

B. Enter new principal office address, if applicable:

5614 Cypress Creek Drive Grant, FL 32949

Enter new mailing address, if applicable:

5614 Cypress Creek Drive Grant, FL 32949

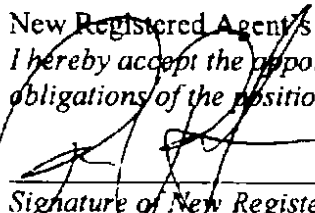
C. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered agent office address:

Name of New Registered Agent: **Raphael Pierre-Louis**

New Registered Agent Office Address: **20956 SW 85th Place Cutler Bay, FL 33189**

New Registered Agent's Signature:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations 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.

1.) ☐ change
☐ add
☒ remove

Name: **Ronald Gallagher** Title: **DPT**
Address: **3990 Minton Road, West Melbourne, Florida, 32904**

2.) ☐ change
☐ add
☒ remove

Name: **Michelle Leach** Title: **S**
Address: **3990 Minton Road, West Melbourne, Florida, 32904**

3.) ☐ change
☒ add
☐ remove

Name: **Randolph Joseph** Title: **DP**
Address: **5614 Cypress Creek Drive Grant, FL 32949**

TALLAHASSEE, FL 32304

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11:50

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4.) ___ change
 X add
 ___ remove

Name: **Raphael Pierre-Louis** Title: **DTS**
Address: **20956 SW 85th Place Cutler Bay, FL 33189**

D. If amending or adding additional Articles, enter here:

N/A

SECOND: If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follow:

THIRD: The date of each amendment's adoption: upon filing

FOURTH: Adoption of Amendment

☒ The amendment was approved by the shareholders. The number of votes cast for the amendment was sufficient for approval.

Signed this June 17, 2021

Signature

Ronald Gallagher
President/Director

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FILED