P08000038(041

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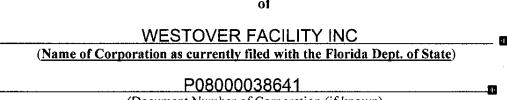
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: WEST	OVER FACILITY INC
DOCUMENT NUMBER: P080000	38641
The enclosed Articles of Amendment and t	ee are submitted for filing,
Please return all correspondence concernin	g this matter to the following:
	ALBA CASTRO ame of Contact Person)
(14	· ·
	Sion Cleaning Services, Inc.
	(Firm/ Company)
	1010 Jamaica Ave
	(Address)
	T PIERCE, FLORIDA 34982
(Ci	ty/ State and Zip Code)
For further information concerning this ma	tter, please call:
OSVALDO CASTRO	at (561) 351-8716
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amou	int made payable to the Florida Department of State:
▼\$35 Filing Fee Status Status	\$43.75 Filing Fee & \$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is 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

Articles of Amendment to **Articles of Incorporation** of



(Name of Corporation as currently filed with the	ne Florida Dept. of State)
P08000038641	
(Document Number of Corporation	
Pursuant to the provisions of section 607.1006, Florida Statute following amendment(s) to its Articles of Incorporation:	es, this Florida Profit Corporation adopts the
A. If amending name, enter the new name of the corporation	<u>ı:</u>
Sion Cleaning Services, Inc.	
The new name must be distinguishable and contain the "incorporated" or the abbreviation "Corp.," "Inc.," or Co., "Co". A professional corporation name must contain association," or the abbreviation "P.A."	" or the designation "Corp," "Inc," or
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1010 Jamaica Ave, Fort Pierce, FI 34982
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1010 Jamaica Ave, Fort Pierce, FI 34982
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add	lress:
Name of New Registered Agent: HH+0 K	10 Colpez
New Registered Office Address: (Florid	Janai CAM AUE da street address)
	(City), Florida 34982 (City) (Zip Code)
position.	gent: familiar with and accept the obligations of the 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>VP</u>	Jose R. Cepero	3813 SW Lafleur St Port St. Lucie, Fl 34953	□ Add □ Remove
<u>VP</u>	Antonio Lopez	1010 Jamaica Ave Fort Pierce, Fl 34982	
			□ Add □ □ Remove
	nding or adding additional Articles, enter additional sheets, if necessary). (Be speci		
provis	amendment provides for an exchange, resions for implementing the amendment if not applicable, indicate N/A)	classification, or cancellation of not contained in the amendm	of issued shares, ent itself:

The date of each amendment(s) adoption: 12/05/2008
Effective date if applicable: 12/05/2008
(no more than 90 days after amendment file date)
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 statemen 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
Dated_ 12/05/2008 Signature_x(llo disette Castro
(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 fiduciary by that fiduciary)
(Typed or printed name of person signing)
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)