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COVER LETTER

TO: Amendment Section

Division of Corporations

•				
NAME OF CORPORATION: ULTRA KL	FAN JANITORIAL SEQUICOS			
	16777000			
The enclosed Articles of Amendment and fee are sul	bmitted for filing.			
Please return all correspondence concerning this mat				
ORLANS	Name of Contact Person Firm/ Company OAKS DA # 203 Address ORINGS AL 32714/ City/ State and Zip Code			
	Name of Contact Person			
ULTRA KLEA	W			
	Firm/ Company			
687 ASHFORD	OAKS DR. # 203			
	Address			
ACTAMME S	PRINGS FL 32714			
	City/ State and Zip Code			
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, pleas				
ORLANDO S ANDERS	at (3 21) 594-3982			
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address	Street Address			
Amendment Section	Amendment Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327	Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle			

Tallahassee, FL 32301

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Articles of Amendment

Articles of Incorporation
(Name of Corporation as currently filed with the Florida Dept. of State)
P N S N N N N N N N N N N N N N N N N N
(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:
The 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
(Florida street address)
New Registered Office Address:, Florida
:
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 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: <u>X</u> Change	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones	FILIN	G CANCELLED
X Add	<u>sv</u>	Sally Smith	RETU	JRNED CHECK
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address
1) Change	S	JACQU	CLINE J. SANDERS	68) ASAFORD OARS OR
Add Remove			,	ACTAMENTO SPRING FOR
2) Change				
Add				
Remove 3) Change				
Add				
Remove				
4) Change			<u>. </u>	
Add				
Remove				
5) Change				
Add Remove				
				··
6) Change				
Remove				

Attach additional sheets, if necessary).	(Be specific)
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provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

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The date of each amendment(s) ad date this document was signed.	option: RETURNED CHECK	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	lock does not meet the applicable statutory filing requirements, the partment of State's records.	nis date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adop by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendaticient for approval.	nent(s)
	roved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s)	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopaction was not required.	pted by the board of directors without shareholder action and share	holder
The amendment(s) was/were adopaction was not required.	pted by the incorporators without shareholder action and sharehold	er
Dated	12/20/16 / Lu	
(By a di selected	rector, president or other officer – if directors or officers have not l, by an incorporator – if in the hands of a receiver, trustee, or other ed fiduciary by that fiduciary)	
-	ORCANDO SANDTAJ (Typed or printed name of person signing)	
	0w Nor	
-	(Title of person signing)	