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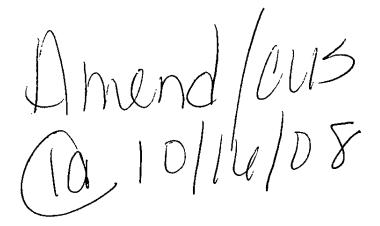


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SECRETARY OF STATE DIVISION OF CORPORATIONS



COVER LETTER

T.O: Amendment Section Division of Corporations

NAME OF CORPORATION: CABLA KICH CLEANING			=
DOCUMENT NU	MBER: <u>P08000083887</u>	7	
The enclosed Artic	les of Amendment and fee a	re submitted for filing.	
Please return all co	rrespondence concerning thi	s matter to the following:	
		1 CLEANING SVCS INC	
	(Name o	of Contact Person)	
·	CARLA KIC	H CLEANING SVCS	
	(Fir	m/ Company)	
	4601	NW 6TH AVE	
		(Address)	
	POMPANO	D BEACH, FL 33064	
	(City/ St	tate and Zip Code)	
For further informa	tion concerning this matter,	please call:	
CARLA KICH		at (<u>954</u>) <u>785-39</u>	
(Name	of Contact Person)	(Area Code & Daytim	e Telephone Number)
Enclosed is a check	for the following amount m	nade payable to the Florida De	epartment of State:
□\$35 Filing Fee	☑ \$43.75 Filing Fee & Certificate of Status	☐ \$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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center C	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

CARLA KICH CLEANING SVCS INC (Name of Corporation as currently filed with the Florida Dept. of State) P08000083887 (Document Number of Corporation (if known)

Pursuant to the provisions of section 607.10 following amendment(s) to its Articles of Inco		es, this <i>Florida Profit C</i>	Corporation adopts the
A. If amending name, enter the new name of	of the corporation	<u>u</u>	
The new name must be distinguishable of "incorporated" or the abbreviation "Corp., "Co". A professional corporation nan association," or the abbreviation "P.A."	" "Inc.," or Co.,	" or the designation "C	Corp," "Inc," or
B. Enter new principal office address, if ap (Principal office address <u>MUST BE A STRE</u>			
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)			
D. If amending the registered agent and/or new registered agent and/or the new reg			r the name of the
Name of New Registered Agent:	SANDRA MA		
New Registered Office Address:	4601 NW 6TH (Florid	H AVE da street address)	
	POMPANO B	EACH (City)	, Florida <u>33064</u> (Zip Code)
New Registered Agent's Signature, if chang I hereby accept the appointment as registere position.	ing Registered As	gent: Camiliar with and accept	

Page 1 of 3

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
<u> </u>	SANDRA MATOS	4601 NW 6TH AVE POMPANO BEACH FL 33064	Add Remove
<u> </u>	CARLA KICH	4601 NW 6TH AVE POMPANO BEACH FL, 33064	Add Remove
			Add Remove
provi	amendment provides for an exchang sions for implementing the amendment of applicable, indicate N/A)		
provi	sions for implementing the amendm		

The date of each amendment(s)) adoption: 10/02/2008
Effective date if applicable: 1	0/02/2008
<u> </u>	no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statemen for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval
by	,,
(1	voting group)
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated 10/02/	2008
Signature 👰 🕓	Carla 5. it
select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)
	Car la Ki ch (Typed or printed name of person signing)
	President. (Title of person signing)