POOMO1681

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	+)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nan	ne)
(D	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



500261317435

500261317435 08/19/14--01002--001 **35.00

And

AUG 25 2014

R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations		
NAME OF CORPORATION: ALL CLEAR DOCUMENT NUMBER: P0900001648		ION, INC
DOCUMENT NUMBER:		,
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this man	tter to the following:	
JOSEPH P. FOR	LENZA	
ALL OLEAD OOL	Name of Contact Persor	
ALL CLEAR CON		NC
P.O. BOX 1873	Firm/ Company	
	Address	
MARCO ISLAND	, FL 34146	
	City/ State and Zip Code	2
ALLCLEARCONSTR	RUCTION@GMA	AIL.COM
E-mail address: (to be us	sed for future annual report	notification)
For further information concerning this matter, pleas	se call:	
JOSEPH P. FORLENZA	at (239	200-1234
Name of Contact Person	Area Code & Daytime Telephone Num	
Enclosed is a check for the following amount made	payable to the Florida Depa	irtment 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 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

17.

d with the Florida Dept. of S	<u>state</u>)		
		·	
orporation (if known)			
Statutes, this Florida Profit Co	<i>orporation</i> adop	ts the following	g amendment(s)
poration:			
			The new
RESS)			
-			
·		···	
d office address in Florida, e ffice address:	nter the name	of the	
(Florida street address)			
	121		
(Citv)	, Florida	(Zip Code)	
	Corporation (if known) Statutes, this Florida Profit Corporation: "corporation," "company," "Inc," or "Co". A profession behavior "P.A." RESS) d office address in Florida, effice address:	Corporation (if known) Statutes, this Florida Profit Corporation adoptoration: "corporation," "company," or "incorporation" Inc.," or "Co". A professional corporation between the professional corporation of the professio	Statutes, this Florida Profit Corporation adopts the following poration: "corporation," "company," or "incorporated" or the all "Inc," or "Co". A professional corporation name must obbreviation "P.A." RESS.) d office address in Florida, enter the name of the ffice address:

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.

X Change	<u>1,1.</u>	John Do	<u>oc</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
_X Add	<u>sv</u>	Sally Sr	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	PST	_	JOSEPH P. FORLENZA	P.O. BOX 1873
Add				MARCO ISLAND, FL
Remove				34146
2) Change	ST		VANESSA FORLENZA	1380 21ST STREET SW
Add		_		NAPLES, FL 34117
Remove				
3) Change	.	_		
Add				
Remove				
4) Change	<u></u>			
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

\tta	ending or adding additional Articles, enter change(s) here: an additional sheets, if necessary). (Be specific)	
		
-		_
		-
		-
7.0	amendment provides for an exchange, reclassification, or cancellation of issued shares,	
nr.	isions for implementing the amendment if not contained in the amendment itself:	
	if not applicable, indicate N/A)	

The date of each amendment(s) adoption: date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
I he amendment(s) was/were adopte by the shareholders was/were suffic	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.	
	ved by the shareholders through voting groups. The following statement ch 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)	
	(voting group)	
The amendment(s) was/were adopte action was not required.	ed by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopte action was not required.	ed by the incorporators without shareholder action and shareholder	
{Dated} AUGUST	5, 2014	
	Loughtolesa	
Signature	etor, president or other officer - if directors or officers have not been	
	by an incorporator – if in the hands of a receiver, trustee, or other court	
	fiduciary by that fiduciary)	
J	OSEPH P. FORLENZA	
	(Typed or printed name of person signing)	
P	ST	
	(Title of person signing)	