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## **COVER LETTER**

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: CNS CLEDING SCYVICS, INC.
DOCUMENT NUMBER: +09000 634400
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Seth Floman Name of Confect Person
realite of Contact Terson
Firm/ Company
750 Pine DR #6
For City/State and Zip Code 133060
CNSCLEANINGSERVICESINCEGMAIL。CO E-mail address: (to be used for future annutal report notification)
For further information concerning this matter, please call:  Set Home of Contact Person at Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee \$\bigcup \$43.75 Filing Fee & Certificate of Status \$\bigcup Certificate of Status (Additional copy is enclosed)  1. \$\bigcup \$35.50 Filing Fee & Certificate of Status Certificate of Status Certificate of Status  Certified Copy (Additional Copy is enclosed)
Mailing Adduses Street Adduses

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 Articles of Incorporation of (Name of Corporation as currently filed with the Florida Dept. of State

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

(Document Number of Corporation (if known)

name must be distinguishable and contain the	word "cornoration" "	The ne
abbreviation "Corp.," "Inc.," or Co.," or the dename must contain the word "chartered," "profes	signation "Corp," "Inc, '	or "Co". A professional corporation
B. Enter new principal office address, if applic (Principal office address <u>MUST BE A STREET</u>		<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<i>BOX</i> )	NA
D. If amending the registered agent and/or reg new registered agent and/or the new registe		Florida, enter the name of the
Name of New Registered Agent:	44	
New Registered Office Address:	(Florida street ad	dress)
<u> </u>		, Florida
	(City)	(Zip Code)

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)

Title	Name L	Q	Address	117	Type of Action
<u> </u>	Seth	+19mar	Jan Br	e De 6	ZkAdd □ Remove
R	Neilde	s Esteves	DOP PO	e Dy 66	Add Remove
					Add Remove
E. If amendi (attach add	ng or adding add litional sheets, if n	itional Articles, ente ecessary). (Be spec	r change(s) here:		
provision		s for an exchange, re ng the amendment is ate N/A)			
			<del>.</del>	· · · · ·	

The date of each amendment(s) adoption:
Effective date if applicable:  ASA P (OPC)
(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 statement 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
(voling 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 8-14-09
Signature  (By a director, president of 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)
Neldes Esteves (Typed or printed name of person signing)
<u>VP</u>
(Title of person signing)