## P090006820

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## **COVER LETTER**

TO: Amendment Section

Division of Corporations

NAME OF CODDO	RATION: Citrusolutions Sun	coast Inc			
	BER: P09000068820				
	of Amendment and fee are sul	bmitted for filing.			
Please return all corre	spondence concerning this mat	ter to the following:			
	Julie Maguire				
		Name of Contact Persor	1		
	Citrusolutions Suncoast Inc				
		Firm/ Company			
	201 Catalan Blvd NE				
		Address			
	St. Petersburg, FL 33704				
		City/ State and Zip Code	2		
:F	Duitemanulata madia amas				
inio@	eitrusolutionfla com				
	E-mail address: (to be us	ed for future annual report	notification)		
For further informatio	n concerning this matter, pleas	e call			
Julie Maguire		at (	612-7444		
Name of Contact Person		Area Code & Daytime Telephone Number			
Enclosed is a check for	or the following amount made p	payable to the Florida Depa	artment 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)		
Am Div P.O	iling Address endment Section ision of Corporations Box 6327 lahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle		

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Citrusolutions Suncoast Inc.			
(Name of Corporation as current	ly filed with the Florida Dept. of S	<u>State</u> )	
P09000068820			
(Document Number of	of Corporation (if known)	2015	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts	the following amendment	
A. If amending name, enter the new name of the corporation:		25 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
Citrus Carpet Cleaning, Inc.		The nats	
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation	I" or the abbreviation.	
B. Enter new principal office address, if applicable:	400 4th Ave S.		
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	#302		
	St. Petersburg, FL 33701		
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 add new registered agent and/or the new registered office addres		<u>the</u>	
.10			
Name of New Registered Agent			
(rioriaa si	reet address)		
New Registered Office Address:	Flor		
New Registered Office Address:	(City), Float	rida(Zip Code)	
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	t: with and accept the obligations of t	he position.	
WA			
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: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change			
Add			/
Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change	$\angle$	<u> </u>	
Add /			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

mending or adding addition ach <i>additional sheets, if neces</i>	sary). (Be specific)			
		• • •		
			7	
· ·				
,				
	/			
n amendment provides for a ovisions for implementing the	<u>in exchange, reclassi</u> he amendment if not	ification, or cancellar contained in the am	<u>tion of issued shares</u> endment itself:	1
(if not applicable, indicate i	V/A)			

The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date <u>if applicable:</u>		
	(no more than 90 days after amendment file date)	_
<b>Note:</b> If the date inserted in this l document's effective date on the De	block does not meet the applicable statutory filing requirements, this date we partment of State's records.	fill not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were add by the shareholders was/were sa	opted by the shareholders. The number of votes cast for the amendment(s) ifficient for approval.	
	proved by the shareholders through voting groups. The following statement 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 Julie and Michael Mag	guire	
-,	(voting group)	
The amendment(s) was/were addaction was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were addaction was not required.	opted by the incorporators without shareholder action and shareholder	
6/10/15 Dated		
Signature	10m_	
(By <del>a ç</del> selecte	d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	Julie Maguire	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	