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(Po	questors Name)			
(Requestor's Name)				
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(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPOR	RATION: SANIKLEAN, INC.	С.			
DOCUMENT NUME					
	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	GUSTAVO D VARGAS				
•		Name of Contact Person	1		
	SANIKLEAN, INC.				
•		Firm/ Company			
	8536 NW 93 STREET				
		Address			
	MIAMI, FL 33166				
		City/ State and Zip Code	e		
INFO	@SANI-KLEAN.COM				
	E-mail address: (to be us	sed for future annual report	notification)		
					<u> </u>
For further information	n concerning this matter, pleas	se call:		11	455 455 455
GUSTAVO D VARGA	AS	at (305	863-3366	조 - (3 - (3	구 작년 -
Name o	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	r the following amount made	payable to the Florida Depa	rtment of State:	တ <u>ဲ့</u> ည	0F ST/
\$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)	တ်	CICKS AE
Ame	ling Address endment Section sion of Corporations	Amend	Address Iment Section on of Corporations		

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

SANIKLEAN, INC.			
(Name of Corpo	ration as currently filed with the Florida Dept. of State)		
P10000022227			
(Do	ocument Number of Corporation (if known)		-
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this Florida Profit Corporation adopts the follows	ing amer	ndment(s) to
A. If amending name, enter the new name of the	e corporation:		
		Th.	
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association," or	word "corporation," "company," or "incorporated" or the Corp," "Inc," or "Co". A professional corporation name mus the abbreviation "P.A."	abbrevi	new ation n the
B. Enter new principal office address, if applic (Principal office address MUST BE A STREET)			_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE			
(
D. If amonding the registered agent and/or reg	istered office address in Florida, enter the name of the	-7	55 M
new registered agent and/or the new register	red office address:	7.8	YA
Name of New Propintered Accept		အ	
Name of New Registered Agent		— ¨	305
	m I I	— თ	: S S S
	(Florida street address)		AM
New Registered Office Address:	, Florida	(J)	<u> </u>
	(City) (Zi	ip Code)	C)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age	Registered Agent: ent. I am familiar with and accept the obligations of the position	1.	
	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 Do	<u>pe</u>	
X Remove	$\underline{\mathbf{v}}$	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	VP, D	_	GUSTAVO M VARGAS	8536 NW 93 STREET
X Add				MIAMI, FL 33166
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		- · · · · · · · · · · · · · · · · · · ·
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Pamova				

(Attach additional sheets, if necessary).	(Be specific)
- .	
	
If an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:

• • • •	05/26/2017	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
	/26/2017	
Effective date if applicable:	(no more than 90 days af	ier amendment file date)
Note: If the date inserted in this document's effective date on the I		utory filing requirements, this date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number sufficient for approval.	of votes cast for the amendment(s)
	pproved by the shareholders through voting each voting group entitled to vote sepa	
"The number of votes ca	st for the amendment(s) was/were sufficie	nt for approval
by	(voting group)	,,
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without s	hareholder action and shareholder
The amendment(s) was/were a action was not required.	dopted by the incorporators without share	holder action and shareholder
Dated5	-26-17	
Signature	26-17 Byongs	
(By/a selec	director, president or other officer – if di ted, by an incorporator – if in the hands o inted fiduciary by that fiduciary)	
	GUSTAVO D VARGAS	
	(Typed or printed name of p	person signing)
	PRESIDENT	
	(Title of person	signing)