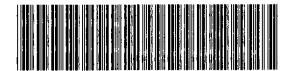
P10000033738

•
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400196038084

02/28/11--01028--016 **35.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Amend
ABrown 3-2-11

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF COR	PORATION:	HE CLEAN UP COMPANY	Y, INC.	
DOCUMENT NU	JMBER:	P10000033738		
The enclosed Artic	cles of Amendment and fee	are submitted for filing.		
Please return all co	orrespondence concerning th	is matter to the following:		
	Liz Cannon Name of Contact Person			
	1	vame of Contact Person		
Ri		ard S. Bergholtz, P.A.		
		Firm/ Company		
	374	17 Lake Center Drive		
		Address		
	Mount Dora, Florida 32757			
		City/ State and Zip Code		
Agen in process agen	lwclawo E-mail address: (to be uso	ffice@earthlink.net ed for future annual report notification)		
For further inform	ation concerning this matter	, please call:		
	Liz Cannon	at (352) 73 Area Code & Daytime Tele	35-6938	
Enclosed is a chec	k for the following amount r	nade payable to the Florida Depart	ment of State:	
☑ \$35 Filing Fee	□ \$43.75 Filing Fee & Certificate of Status	S43.75 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	e	

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

THE CLEAN UP COMPANY, INC.

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

P10000033738

	Articles of Amen	dment
•	to	20/,
	Articles of Incorpo	oration Telephone
		All Mer Son
	N UP COMPANY	Florido Porte of State)
(Name of Corporation as co		FIORIDIA DEPL. DI STATE
	10000033738	dment oration (, INC. Florida Dept. of State)
(Document i	Number of Corporation (ii known)
Pursuant to the provisions of section 607 mendment(s) to its Articles of Incorporation		this Florida Profit Corporation adopts the following
A. If amending name, enter the new nam	e of the corporation:	
	N/A	The new
name must be distinguishable and conta ubbreviation "Corp" "Inc" or Co.," or name must contain the word "chartered," "	the designation "Corp,	tion," "company," or "incorporated" or the ""Inc," or "Co". A professional corporation 1," or the abbreviation "P.A."
3. Enter new principal office address, if a Principal office address <u>MUST BE A STR</u>		<u>/A</u>
,		
C. Enter new mailing address, if applica (Mailing address <u>MAY BE A POST OF</u>		Α
(Mailing address <u>MAY BE A POST OF</u>	or registered office add	Iress in Florida, enter the name of the
(Mailing address <u>MAY BE A POST OF</u> D. If amending the registered agent and/	or registered office add	Iress in Florida, enter the name of the
(Mailing address <u>MAY BE A POST OF</u>). If amending the registered agent and/onew registered agent and/or the new r	or registered office address N/A	Iress in Florida, enter the name of the
(Mailing address <u>MAY BE A POST OF</u> D. If amending the registered agent and/onew registered agent and/or the new representation of New Registered Agent:	or registered office address N/A	Iress in Florida, enter the name of the s: enreet address)
(Mailing address <u>MAY BE A POST OF</u> D. If amending the registered agent and/onew registered agent and/or the new representation of New Registered Agent:	or registered office address N/A	lress in Florida, enter the name of the s:
). If amending the registered agent and/onew registered agent and/or the new registered agent and/or the new registered Agent:	or registered office address N/A (Florida s	Iress in Florida, enter the name of the s: careet address) , Florida

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	Address	Type of Action
<u>VP</u>	Abdel Fourari	2218 Robie Avenue Mount Dora, FL 32757	
(attach ac	Iditional sheets, if necessary). (Bo	e specific)	
provisio		ge, reclassification, or cancellation o ent if not contained in the amendme	

The date of each amendmen	nt(s) adoption: February 1, 2010
. •	(date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	vere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
	vere approved by the shareholders through voting groups. The following statemen ded for each voting group entitled to vote separately on the amendment(s):
"The number of vote	s cast for the amendment(s) was/were sufficient for approval
by	,,,
	(voting group)
action was not required. The amendment(s) was/w	vere adopted by the board of directors without shareholder action and shareholder vere adopted by the incorporators without shareholder action and shareholder
action was not required. Dated	2/21/11
Signature _	Claren e
(B	by a director, president or other officer – if directors or officers have not been lected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	CLARICE FOURARI
	(Typed or printed name of person signing)
	PRESIDENT/DIRECTOR
	(Title of person signing)