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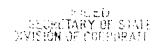
COVER LETTER

TO: Amendment Section Division of Corporations

•			
NAME OF CORPORATION:	E. CLEAN OF Naples, INC.		
DOCUMENT NUMBER:	000063300		
The enclosed Articles of Amendment and fee are su	The enclosed Articles of Amendment and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:			
Es men	Name of Contact Person		
B.E. CL	Name of Contact Person Firm/ Company		
DA Roy 7	Firm/ Cómpany		
F. U. 130X /	Address		
Klasles	Address FL 34/06 City/ State and Zip Code		
	City/ State and Zip Code		
_	Sed for future annual report notification)		
For further information concerning this matter, plea	se call:		
ESMERALUA CERRUTOS	at (239) 682 - 0884 Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount made	payable to the Florida Department of State:		
\$35 Filing Fee \$\text{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)		
Mailing Address	Street Address		
Amendment Section	Amendment Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	Clifton Building		
Tallahassee, FL 32314	2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation



2016 JUL 11 PM 1: 06

B.E. ME	AN OF NAPLES, 1		1 1 111 1 1 1
(Name of Corpora	ation as currently filed with t	the Florida Dept. of State)	·
Ploa	100063300		
	ument Number of Corporation	(if known)	
Pursuant to the provisions of section 607.1006, Floritis Articles of Incorporation:	ida Statutes, this <i>Florida Profi</i>	it Corporation adopts the following a	amendment(s) to
A. If amending name, enter the new name of the	corporation:		
N/A		7	he new
name must be distinguishable and contain the we "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or the	rp," "Inc," or "Co". A prof	y," or "incorporated" or the abbi	reviation
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AL			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B			
D. If amending the registered agent and/or regist new registered agent and/or the new registere		a, enter the name of the	
Name of New Registered Agent		·····	
	(Florida street address)		
	(r ioriaa sireei aauress)		
New Registered Office Address:	(City)	, Florida(Zip Coa	
New Registered Agent's Signature, if changing Relatively accept the appointment as registered agent.	egistered Agent: I am familiar with and accep	pt the obligations of the position.	
Sig	mature of New Registered Age	ent, 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	PT Joh	nn Doc	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	SV Sal	lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	<u></u>	BELINDA SIMPSON	4290 11th AVE SUL Naples, FL 54116
Add			Naples, FL 34116
2) Change			
Add			
Remove			
3) Change			
Add			**************************************
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

tach additional sheets, if necessary).	(Be specific)
	
	<u> </u>
- 	
an amendment provides for an exch rovisions for implementing the ame	ange, reclassification, or cancellation of issued shares, ndment 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.	PACE TARY OF STATE, if other than the
Effective date if applicable: (no more than 90 days as	2016 JUL 1 PM 1:06 Ter amendment file date)
Note: If the date inserted in this block does not meet the applicable stat document's effective date on the Department of State's records.	utory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number by the shareholders was/were sufficient for approval.	of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting must be separately provided for each voting group entitled to vote separately provided.	
"The number of votes cast for the amendment(s) was/were sufficie	ent for approval
by	***
☐ The amendment(s) was/were adopted by the board of directors without action was not required.	
The amendment(s) was/were adopted by the incorporators without share action was not required.	cholder action and shareholder
Dated 7/5/6 Signature (By a director, president or other officer - if di	rectors or officers have not been
selected, by an incorporator – if in the hands o appointed fiduciary by that fiduciary)	f a receiver, trustee, or other court
Esmeralda (Typed or printed name of p	errior signing)
President (Title of person	