

(Re	equestor's Name)
(Ac	ddress)
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(Ci	ty/State/Zip/Phone #)
PICK-UP	
(Bu	usiness Entity Name)
(De	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
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TO: Amendment Section Division of Corporations

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NAME OF CORPO	RATION:	ning Solutions Inc II				
	BER:					
	of Amendment and fee are se	ibmitted for filing.				
Please return all corre	spondence concerning this ma	atter to the following:	•			
	Marshea Morgan					
	Name of Contact Person					
	Commercial Cleaning Solutions Inc H					
	Firm/ Company 5061 S. State Rd. 7 Unit 617					
	· · · · · · · · · · · · · · · · · · ·	Address				
	Davie, Florida 33314					
City/ State and Zip Code						
mars	hea@universalfloorsolutions.c	com				
		sed for future annual report	notification)			
			·			
For further informatio	n concerning this matter, plea	se call:				
Marshea Morgan		954	636-7269			
	of Contact Person	at () 636-2269 de & Daytime Telephone Number			
Name	or Contact Person	Afea Co	de & Dayume Telephone Number			
Enclosed is a check for	or the following amount made	payable to the Florida Depa	irtment of State:			
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
<u>Mailing Address</u> Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton 2661 E	<u>Address</u> Iment Section on of Corporations Building Executive Center Circle Issee, FL 32301			

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Articles of Amendment to Articles of Incorporation

of

Commercial Cleaning Solutions Inc H

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

FLED

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(Document Number of Corporation (if known)

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

A. If amending name, enter the new name of the corporation:

B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "hc.," or Co.," or the designation "Corp.," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u>)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

 Name: of New Registered Agent

 (Florida street address)

 New Registered Office Address:

 (City)

 New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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: V Channel

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<u>X</u> Change	<u>PT</u>	John Doe	
<u>X</u> Remove	V	Mike Jones	
\underline{X} Add	<u>sv</u>	Sally Smith	
<u>Type of Action</u> (Check One)	<u>Title</u>	Name	Address
1) Change	VP 	Cleon Morgan	5061 S. State Rd. 7 Unit 617
XAdd			Davie, FL, 33314
Remove			
2) Change			
Add			<u> </u>
Remove			
3 (Change			
Add			
Remove			
4) Change		<u></u>	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Kemove			

, E. If amending or adding additional Articles, enter change(s) here:

(Auach additional sheets, if necessary). (Be specific)

N/A . ____ _____ ____ _____ ____ _ __ _ .. __ _____ . F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) -----N/A ____

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Effective date if applicable:
Effective date <u>if applicable</u> :
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records.
Adoption of Amendment(s) (<u>CHECK ONE</u>)
The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.
□ The amendment(s) was/were approved by the shareholders through voting groups. <i>The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):</i>
"The number of votes east for the amendment(s) was/were sufficient for approval
by
(voting 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
Signature
(Typed or printed name of person signing)
President (Title of person signing)
(rise or person signing)

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