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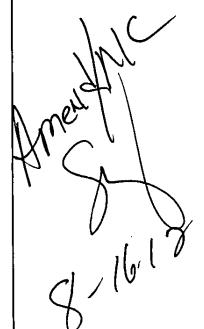
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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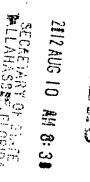




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08/10/12--01015--002 **35.00





COVER LETTER

Division of Corporations **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee **□\$43.75** Filing Fee & ☐\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy

enclosed)

Mailing Address

TO: Amendment Section

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
Tallahassee, FL 32301

(Additional Copy is enclosed)

	of Amendment to all 2 AUG 10 AM 8:3
Articles	s of Amendment
Articles (of Incorporation
<u> </u>	of All gin
Onen Clean So	arasota. Inc
Name of Corporation as currently filed with	the Florida Dept. of State)
P11 00000 1013	The second secon
(Document Number of Corporat	tion (if known)
ursuant to the provisions of section 607.1006, Florida Statutes a Articles of Incorporation:	t, this Florida Profit Corporation adopts the following amendment
. If amending name, enter the new name of the corporatio	on:
Tartan Tech	nnologies, Inc The new
ame must be distinguishable and contain the word "corpo	pration," "company," or "incorporated" or the abbreviation
corp., Inc., or Co., or the aesignation Corp, Tinc, or the abbrevial association," or the abbrevial control of the comments of the control of	or "Co". A professional corporation name must contain the tion "P.A."
Enter new principal office address, if applicable:	Sama
Principal office address MUST BE A STREET ADDRESS)	Jame
. Enter new mailing address, if applicable:	^
(Mailing address MAY BE A POST OFFICE BOX)	Same

If amending the registered agent and/or registered office	
new registered agent and/or the new registered office ad-	dress:
Name of New Registered Agent	
(Flori	ida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
ew Registered Agent's Signature, if changing Registered A hereby accept the appointment as registered agent. I am fam.	

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	PT John D	<u>oe</u>	
X Remove	V Mike Jo	<u>ones</u>	
X Add	SV Sally S	<u>mìth</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	P, T, S	Lu Shaffer	206 N. Blud of Presidents
Add Remove			Sarasota, FL 34236
2) Change	5_	Brittany Johnson	200 N. Blvd of Presidents Sarasota, FL
Remove		·	34236
3)Change	***		
Add Remove			
4) Change			
Add			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
	·
· · · · · · · · · · · · · · · · · · ·	
an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	

The date of each amendment(s) ado	ption: 8/8/2012
Effective date if applicable:	(no more than 90 days after amendment file date)
	(J
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were adopt by the shareholders was/were suffi	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.
☐ The amendment(s) was/were appro- must be separately provided for ea	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval
by	"
	(voting group)
☐ The amendment(s) was/were adopt action was not required.	ted by the board of directors without shareholder action and shareholder
The amendment(s) was/were adop action was not required.	ted by the incorporators without shareholder action and shareholder
Dated 8 [9	3/2012
Signature I	In Cul-
(By a)dir	ector, president or other officer - if directors or officers have not been
	by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)
ирроше	1 1 0 00
-	Lwin Shaffer
	(Typed or printed name of person signing)
	Owner Incorporator Preside
-	(Title of person signing)