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DIVISION OF CORPORATIONS

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COVER LETTER

Division of Corporations NAME OF CORPORATION: FULL CLEAN SERVICES CORP **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LOPEZ MAURICIO Name of Contact Person **FULL CLEAN SERVICES CORP** Firm/ Company 4454 PHILADELPHIA CIR Address KISSIMMEE FL 34746 City/ State and Zip Code MAOLOPEZ@HOTMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MAURICIO LOPEZ at $(\frac{321}{\text{Area Code & Daytime Telephone Number}})$ Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State:

Mailing Address

\$35 Filing Fee

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

□\$43.75 Filing Fee &

Certificate of Status

Street Address

□\$43.75 Filing Fee &

(Additional copy is enclosed)

Certified Copy

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

□\$52.50 Filing Fee

Certificate of Status Certified Copy

(Additional Copy is enclosed)

Articles of Amendment to Articles of Incorporation of

| FULL CLEAN SERVICES CORP | | | - | 20 |
|---|--|---|---------|-------------|
| (Name | of Corporation as currently fi | led with the Florida Dept. of State) | 7 | 95 |
| P11000023484 | | | 甚27 | Q. |
| | (Document Number of Co | rporation (if known) | | |
| Pursuant to the provisions of section 607 its Articles of Incorporation: | .1006, Florida Statutes, this <i>Flo</i> | orporation (if known) rida Profit Corporation adopts the follow | ing ame | indmer |
| A. If amending name, enter the new n | ame of the corporation: | | | (5) |
| | | | The | new |
| | nation "Corp," "Inc," or "Co" | "company," or "incorporated" or the '. A professional corporation name mus ." | | |
| B. Enter new principal office address, (Principal office address MUST BE A S | | | | |
| | - | | | |
| • | - | | | |
| C. Enter new mailing address, if appl | | | | |
| (Mailing address <u>MAY BE A POST</u> | <u>OFFICE BOX</u>) | | | |
| | _ | | | |
| | - | | | |
| D. If amending the registered agent ar | nd/or registered office address | in Florida, enter the name of the | | |
| new registered agent and/or the ne | | | | |
| Name of New Registered Agent | MAURICIO LOPEZ | | | |
| | 4454 PHILADELPHIA CIR | | _ | |
| | (Florida street a | uddress) | | |
| New Registered Office Address: | KISSIMMEE | , Florida 34746 | | |
| New Registered Office Address. | (Cit | | p Code) | — |
| | | | | |
| | | | | |
| New Registered Agent's Signature, if c I hereby accept the appointment as regist | | and accept the obligations of the position | | |
| r nereos accept the appointment as regist | erea ageni. Fam jamjuar wun | and accept the contgations of the position | | |
| | Grandhan of Nam Park | tered Agent, if changing | | |
| | pignature oj New Kegis | terea Agent, ij 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 Doe | |
|----------------------------|--------------|----------------|-----------------------|
| X Remove | <u>V</u> | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change | P | URIBE LILIANA | 4454 PHILADELPHIA CIR |
| Add X Remove | | | KISSIMMEE FL 34746 |
| 2) X Change | P | LOPEZ MAURICIO | 4454 PHILADELPHIA CIR |
| Add | | | KISSIMMEE FL 34746 |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | • | | |
| Add | | | |
| Remove | | | |

| If amending or adding additional Arti Attach additional sheets, if necessary). | (Be specific) |
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| f an amendment provides for an eych | nange, reclassification, or cancellation of issued shares, |
| provisions for implementing the amer (if not applicable, indicate N/A) | ndment if not contained in the amendment itself: |
| (ij noi applicanie, inalcale N/A) | |
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| <u> </u> | |
| | |

| , | 03/17/2017 | |
|---|---|-------------------------------|
| The date of each amendment(s) ad date this document was signed. | option: | , if other than the |
| · , | 7/2017 | |
| Effective date <u>if applicable</u> : | | |
| | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this bl document's effective date on the Dep | ock does not meet the applicable statutory filing requirements, this department of State's records. | ate will not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| ☐ The amendment(s) was/were adop by the shareholders was/were suf | oted by the shareholders. The number of votes cast for the amendment(ficient for approval. | (s) |
| | oved by the shareholders through voting groups. The following statem each voting group entitled to vote separately on the amendment(s): | ent |
| | or the amendment(s) was/were sufficient for approval | |
| by | (voting group) | |
| | (voting group) | |
| | oted by the board of directors without shareholder action and sharehold | ier |
| The amendment(s) was/were adoption was not required. | oted by the incorporators without shareholder action and shareholder | |
| 03/17/2017 Dated | Hole - | |
| (By a di | rector, president or other officer – if directors or officers have not been, by an incorporator – if in the hands of a receiver, trustee, or other could fiduciary by that fiduciary) | |
| | MAURICIO LOPEZ | |
| - | (Typed or printed name of person signing) | |
| | President | |
| _ | (Title of person signing) | |