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| From: |   |   |                   |
|       | Account Name : LAZARUS CORPORATE FILING   | SERVICE, INC.                                     | ···               |
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| **    | inter the email address for this business en<br>annual report mailings. Enter only one em | tity to be used for future mail address please.** | بر.<br>در بار بار |

## COR AMND/RESTATE/CORRECT OR O/D RESIGN OLGER VARGAS PRESSURE CLEANING SERVICES INC

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## Articles of Amendment to Articles of Incorporation

|  | Articles of Incorporation of  | •                                      | JUL 1        |
|--|---|--|--------------|
| OLG  | ER VARGAS PRESSURE CLEANING SI  | IRVICES INC                            |              |
|  | of Corporation as currently filed with th   |  | 72           |
|  | P11000036064  |  | -75°         |
|  | (Document Number of Corporation (i  | f known)                               |              |
| Pursuant to the provisions of section 607, its Articles of Incorporation:  | 1006, Florida Statutes, this Florida Profit   | Corporation adopts the following amera | dment(s) to  |
| A. If amending name, enter the new n   | ants of the corporation:  |  |              |
|  |   | The s                                  | ทองง         |
| name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa | tain the word "corporation," "company,<br>ation "Corp," "Inc," or "Co". A profes<br>tion," or the abbreviation "P.A." | " or "incorporated" or the abbrevia    | tion         |
| B. Enter new principal office address,<br>(Principal office address MUST BE AS                                       |   |  | <del></del>  |
|  |   |  | _            |
| C. Enter new mailing address, if appl<br>(Mailing address MAY BE A POST)   |   |  |              |
|  | ~   |  | <del>_</del> |
|  |   |  | _            |
| D. If amending the registered agent an<br>new registered agent and/or the ne   | nd/or registered office address in Florida.<br>w registered office address:   | enter the name of the                  |              |
| Name of New Registered Agent   | OLGER A. VARGAS MONTENEGO   |  |              |
|  | 627 SE 9TH PLACE  |  |              |
| ·  | (Florida street address)  |  |              |
| New Registered Office Address:   | CAPE CORAL  | , Florida 33990                        |              |
|  | (City)  | (Zip Code)                             |              |
|  |   |  |              |
| New Registered Agent's Signature, if c   | hanging Registered Agent:<br>fered agent. I am familiar with and accept   | the obligations of the position.       |              |
|  | D   |  |              |
|  | Signature of New Registered Agen  | t. if chareing                         |              |

Page 1 of 4

## H16000166347

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/dtrector 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 Clark; 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>Doe</u>                |                      |  |  |
|-------------------------------|-----------|-------------|---------------------------|----------------------|--|--|
| X Remove V                    |           | Mike Jones  |                           |                      |  |  |
| _X_ Add                       | <u>sv</u> | Sally S     | <u>Smith</u>              |                      |  |  |
| Type of Action<br>(Check One) | Title     |             | Name                      | Address              |  |  |
| 1) Change                     | P         |             | OLGER A. VARGAS MONTENEGI | 627 SE 9TH PLACE     |  |  |
| X Add                         |           |             |                           | CAPE CORAL, FL 33990 |  |  |
| Remove                        |           |             |                           |                      |  |  |
| 2) Change                     | P         | _           | NELIDA VARGAS             | 627 SE 9TH PLACE     |  |  |
| Add                           |           |             |                           | CAPE CORAL, FL 33990 |  |  |
| X Remove                      |           |             |                           |                      |  |  |
| 3)Change                      |           | _           |                           |                      |  |  |
| Add                           |           |             |                           |                      |  |  |
| Remove                        |           | ٠           |                           |                      |  |  |
| 4) Change                     |           |             |                           |                      |  |  |
| Add                           |           | <b>-</b>    |                           |                      |  |  |
| Remove                        |           |             |                           |                      |  |  |
| 5) Change                     |           |             |                           |                      |  |  |
| Add                           |           | <del></del> |                           |                      |  |  |
|                               |           |             |                           |                      |  |  |
| Remove                        |           |             |                           |                      |  |  |
| 6) Change                     |           |             |                           |                      |  |  |
| Add                           |           |             |                           |                      |  |  |
| Remove                        |           |             |                           |                      |  |  |

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| Attach additional                                   | dding additional A<br>l sheets, if necessary                | ). (Be specific)                       | <u>inge(s) here</u> ;                   |   |        |          |
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| an amendment<br>provisions for in<br>(if not applic | t provides for an exmolementing the an cable, indicate N/A) | change, reclassif<br>nendment if not o | ication, or cance<br>contained in the s | liation of issued s<br>imendment itself | hares, |          |
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| The date of each amendment(s) as date this document was signed.          | loption: 7-11-16   | , if other than the                        |
|--|--|--|
| Effective date <u>if applicable:</u>                                     |  |  |
|  | (no more than 90 days after amendment file d   | 'ate)                                      |
| Note: If the date inserted in this hadcoument's effective date on the De | lock does not meet the applicable statutory filing requirem partment of State's records.                                   | nents, this date will not be listed as the |
| Adoption of Amendment(s)   | (CHECK ONE)  |  |
| The amendment(s) was/were add<br>by the shareholders was/were su         | pted by the shareholders. The number of votes east for the stificient for approval.  | amendment(s)                               |
| The amendment(s) was/were app<br>must be separately provided for         | roved by the shareholders through voting groups. The follow<br>each voting group entitled to vote separately on the amends | wing statement<br>nent(s):                 |
|  | for the amendment(s) was/were sufficient for approval  | •  |
| by   | n  |  |
| ,  | (voting group)   |  |
| ☐ The amendment(s) was/were ado action was not required.                 | pted by the board of directors without shareholder action an   | d shareholder                              |
| ☐ The amendment(a) was/were ado action was not required.                 | pted by the incorporators without shareholder action and sha   | ncholder                                   |
| 07/11/2016<br>Dated  |  |  |
| F:   |  |  |
| Signature(By a di  | rector, president or other officer - if directors or officers have   | ve not been                                |
| selected   | , by an incorporator — if in the hands of a receiver, trustee, o<br>ed fiduciary by that fiduciary)                        |  |
|  | O ger A. Varges Han<br>(Typed or printed name of person signing)   | itemyro                                    |
|  |  |  |
|  | PRESIDENT  |  |
|  | (Title of nerson signing)  |  |

Page 4 of 4