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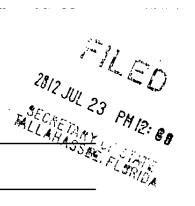
AND JOHN

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: CLEANBR	RUSH INC.	
DOCUMENT NUMBER: P110000567	14	
The enclosed Articles of Amendment and fee are s	ubmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
JAVIER MORAN	I	
	Name of Contact Person	1
CLEANBRUSH I	INC.	
	Firm/ Company	•
4516 DAKOTA F	POINT CT.	
	Address	
KISSIMMEE FL	34746	
,	City/ State and Zip Cod	e
rubencpa@bellsouth	n.net	
	ised for future annual report	notification)
For further information concerning this matter, plea	ase call:	
RUBEN D. TORO	at (407	370-6445
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee \$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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Division Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle eassee, FL 32301

Articles of Amendment Articles of Incorporation of



CLEANBRUSH INC.

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

P11000056714

ent(s) to

(Document Number	r of Corporation (if l	(nown)	
Pursuant to the provisions of section 607.1006, Flo ts Articles of Incorporation:	rida Statutes, this Fi	orida Profit Corporation a	dopts the following ame
A. If amending name, enter the new name of the	e corporation:		
name must be distinguishable and contain the v "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or the contact of the contact	orp," "Inc," or "C	o". A professional corpore	The or the abbreviation name must contain
B. Enter new principal office address, if applica	ıble:		
Principal office address <u>MUST BE A STREET A</u>	(DDRESS)		
			#
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)		
Temporaling the market and a control of the control			
 If amending the registered agent and/or registered agent and/or the new register 		ss in Florida, enter the nai	ne or the
Name of New Registered Agent			
	(Florida stree	t address)	•
New Registered Office Address:		, Florida	
	(City)		(Zip Code)
New Registered Agent's Signature, if changing I	Registered Agent:		
hereby accept the appointment as registered agen	nt. I am familiar wi	th and accept the obligation	s 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 <math>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.

X Change	<u>PT</u>	John Doe	
X Remove	¥	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	_Title	Name	<u>Addres</u> s
1) X Change	DP	JAVIER MORAN	4516 DAKOTA POINT CT.
Add			KISSIMMEE FL 34746
Remove			
2) Change	VP	JUAN SR. CAMPOS	7417 EXCITEMENT DR.
Add			REUNION FL 34747
X Remove			
3) Change	D	LEONARDO SR SUASTI	7417 EXCITEMENT DR.
Add			REUNION FL 34747
X Remove			
4) Change	D	DAVID CAMPOS	4516 DAKOTA POINT CT.
Add			KISSIMMEE FL 34746
X Remove			
5) Change	D	HARRY SANCHEZ	4516 DAKOTA POINT CT.
Add			KISSIMMEE FL 34746
X Remove			
6) Change	DVF	P ROBERT G. CARDER	4516 DAKOTA POINT CT.
X Add			KISSIMMEE FL
Remove			

	, if necessary). (Be	specific)			
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n amendment provid	des for an exchange.	<u>, reclassification, </u>	or cancellation of	of issued shares.	
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<u>n amendment provice</u> ovisions for impleme (if not applicable, ir	enting the amendme	, reclassification, ent if not containe	or cancellation or cancellatio	of issued shares, nent itself:	
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ovisions for impleme	enting the amendme	, reclassification, ent if not contains	or cancellation ed in the amenda	nent itself:	

The date of each amendment	(s) adoption: U1/ZU/ZU 1Z
Effective date <u>if applicable</u> :	07/20/2012
<u> ирричноц</u> .	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement and for each voting group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amendment(s) was/were sufficient for approval
by	(voting group)
☐ The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated	7-20-12 Jane
SE	by a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary)
	Javier Moran
	(Typed or printed name of person signing)
	President
	(Title of person signing)