P1100064284

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TO: Amendment Secti Division of Corpo			
NAME OF CORPOR	ATION: Pulizia, Inc.	• • • •	
DOCUMENT NUMB	D11000064204	. `	
		1	
	of Amendment and fee are su		
Please return all corres	pondence concerning this ma	itter to the following:	
	Gail Caggianno	·	
-		Name of Contact Person	n
	Pulizia, Inc.		
-	.,	Firm/ Company	
	1080 Muirfield Court		
-		Address	···
•	Tarpon Springs, FL 34688		
-		City/ State and Zip Code	e
· gcaggi	ano@buildingstars.com		
		sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Daniel A. Harris, Esq.		at (813	814-0665
Name of	f 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	□\$43.75 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)
Amer Divis P.O. 1	ing Address adment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

Pulizia, inc.			
(Name	of Cornoration as curren	tly filed with the Florida Dept. of State)	<u>- </u>
P11000064284			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation adopts the following amend	Iment(s) to
A. If amending name, enter the new us	me of the corporation:		
		The	1410
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	on," "company," or "incorporated" or the abbrevia "Co". A professional corporation name must contain	tion
		12902 Dupont Circle	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		Tampa, FL 33626	-
			-
C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)		1080 Muirfield Court	
		Tarpon Springs, FL 34688	
			-
D. If amending the registered agent an			_ = =
new registered agent and/or the nev	zistered agent and/or the new registered office address: Daniel A. Harris, Esq. c/o Daniel A. Harris, PA		
Name of New Registered Agent Daniel A. Harris, Esq. c/			CRET LAH
	136:14 W. Hillsborough		- XXX
	•	ireet address)	2 F 1 F 1
New Registered Office Address:	Tampa	, Florida	+3 1⊥ Ω 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		(City) (Zip Code)	TATE ORID
			⊳
New Registered Agent's Signature, if c	hanging Registered Agen	it:	
I hereby accept the appointment as kegist	grea agent/ Viam jamillar	with and accept the obligations of the position.	
	ative 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	<u>PT</u>	John D	<u>Doe</u>			
X Remove	<u>v</u>	Mike J	lones .	,		
_X Add	<u>sv</u>	Sally S	Smith			
Type of Action (Check One)	Title		Name	<u>Addres</u> s		
1) Change						
Add						
Remove						
2) Change						
Add						
Remove						
3) Change						Āσ
Add						SECRET TALL/H
Remove						ASSE ASSE A
4) Change					P# (2)	TiO.
Add						F STATE
Remove						A
5) Change						
Add						
Remove				· · · · · · · · · · · · · · · · · · ·		
6) Change		_		 		
Add						
Remove						

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
August 27, 2015 Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this d document's effective date on the Department of State's records.	ate will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(by the shareholders was/were sufficient for approval.	(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	ent .
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
by" (voting group)	17 SI
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and sharehold action was not required.	ECRETAR LLAHASS SEP -8
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	PR 500 000 000 000 000 000 000 000 000 00
Dated 8/28/15	STATE LORIDA 2: 34
Signature	
(By a director, president of other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other cou appointed fiduciary by that fiduciary)	ırt
Gail Caggiano	
(Typed or printed name of person signing)	
(Title of person signing)	
(Title of person signing)	