Placoolola

(Requestor's Name)
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PICK-UP WAIT MAIL
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SECRETARY OF STATE
TALLAHASSEE. FLORIDA



COVER LETTER

TO: Amendment Section Division of Corporations

ME WATCH & IMP 012	PROVEMENT INC			
ubmitted for filing.				
atter to the following:				
S	_			
Name of Contact Perso				
 	OF SW FL, CORP			
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se call:				
220	, 455-6011			
	ode & Daytime Telephone Number			
	,			
payable to the Florida Depa	artment of State:			
□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
	Address			
Amendment Section Division of Corporations				
	D12 abmitted for filing. atter to the following: Name of Contact Perso X SERVICE C Firm/ Company R BLVD STE I Address RIDA 34116 City/ State and Zip Cod Sed for future annual report se call: at (239Area Co payable to the Florida Depayable to the Florida Depayable to the Florida Depayable to the Florida Copy (Additional copy is enclosed) Street Amend			

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

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

Articles of Amendment to Articles of Incorporation of

Alvis Home Watch & Improvement In	IC .
(Name of Corporation as currently filed with the Fl	orida Dept. of State)
P12000016012	
(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
A1 Professional Cleaning Corp	The new
name must he distinguishable and contain the word "corporation" (Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "I	n," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	3265 35th Ave NE
(Principal office address MUST BE A STREET ADDRESS)	Naples, Florida
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	same as above
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida stre	et address)
New Registered Office Address:	. Florida
(City)	(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

SECRETARY OF STATE TALLAHASSEE, FLORID

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 Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	P	Diego Alvis	12355 Collier Blvd Naples, Florida 34116
2) <u>×</u> Change Add Remove	P	Olga Ramos	3265 35th Ave NE Naples, Florida 34116
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

₹.	If amending or adding additional Article	es, enter change(s) here:
	(attach additional sheets, if necessary). (Be specific)
_		
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_		
	If an amendment provides for an exchange	ge, reclassification, or cancellation of issued shares,
	(if not applicable, indicate N/A)	ment if not contained in the amendment itself:
	4	

The date of each amendment(s) adoption: 04/09/2012						
Effective date if applicable: 04/09/2012						
(no more than 90 days after amendment file date)						
Adoption of Amendment(s) (CHECK ONE)						
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.						
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):						
"The number of votes east for the amendment(s) was/were sufficient for approval						
by" (voting group)						
(voting group)						
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.						
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.						
$_{\rm Dated}$ 04/09/2012 // h /						
Signature OMM						
(By a director, president or other officer – if directors or officers have not been						
selected, by an incorporator – if in the hands of a receiver, trustee, or other court						
appointed fiduciary by that fiduciary)						
Olga Ramos						
(Typed or printed name of person signing)						
President						
(Title of person signing)						