1200004887

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

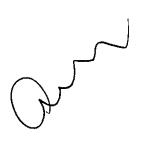
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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: CUSTOMING Claning SOUMAS, INDOCUMENT NUMBER: P1200048947
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person Cushmized Cleaning Services, From Firm/Company Address Tallamssee FL 32303 City/ Slate and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Veronica M. Scott at (150) 321-9307 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment

Articles of Incorporation of

Clistonized Chemina Ser	vices. Inc.
(Name of Corporation as currently filed with the Flor	ida Dept. of State)
(Document Number of Corporation (if k	noum)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flatistical Articles</i> of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	P R
(Principal office address MUST BE A STREET ADDRESS)	
	3 3
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	5.5
	A
D. If amending the registered agent and/or registered office address	es in Florida, enter the name of the
new registered agent and/or the new registered office address:	SIN PROJUMENT CHECK CHE INSTRUCTOR
Name of New Registered Agent	
(Florida stree	(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 wi	th and accept the obligations of the position.
Signature of New Registered Ag	ent, 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	PT John	Doe		
X Remove	<u>V</u> <u>Mike</u>	Jones	•	
X Add	<u>SV</u> <u>Sally</u>	Smith		
Type of Action (Check One)	<u>Title</u>	Name	<u>Addre</u>	<u>28</u> s
1) Change Add Remove	D	Jordan Do	rRon Sott A	540 Nestay Dr.
2) Change Add Remove	D	Samuel D	MEGhac 3	Drasse, Flager
3) Change Add Remove				
4) Change Add Remove				
5) Change Add Remove				
6) Change Add Remove				

. If amending or adding additional Artic (attach additional sheets, if necessary).	(Be specific)
If an amendment provides for an exchaprovisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
,	

The date of each amendment(s) adoption: 2012
Effective date if applicable:
(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 cast for the amendment(s) was/were sufficient for approval
by
(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.
1018117
Signature (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)
Typed or printed name of person signing)
(Typed of princed name of person signing)
(Title of person signing)