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COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORPORATION	: ALGXANO	ER CLEANING	+ MAINTENANUE	SOLULES IN	i۷
DOCUMENT NUMBER:		00093660			
The enclosed Articles of Amend	dment and fee are su	bmitted for filing.			
Please return all correspondence	e concerning this mat	tter to the following:			
	PA	ieicia Pou	AYZ I	_	
		Name of Contact Perso	n		
	ADVA	NG FINANC Firm/Company	JAL	_	
		Firm/ Company			
	12534	WILES RD			
	122-1	WILES RD Address		_	
	CORM	SPRINGS,	FL 33076	_	
		City/ State and Zip Cod	le		
——————————————————————————————————————	Patrici ail address: (to be us	ed for future annual report	Damail. com		
For further information concern	ing this matter, pleas	se call:			
Patricia	Polleri	at (954	bde & Daytime Telephone Number		
Name of Contac	t Person	Area Co	ode & Daytime Telephone Numb	er	
Enclosed is a check for the follo					
	13.75 Filing Fee & ertificate 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)		
<u>Mailing Add</u> Amendment S			Address dment Section		

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Articles of Amendment Articles of Incorporation of

PLEXANDER CLEANING & MAINTENANCE SPEVICES INC
(Name of Corporation as currently filed with the Florida Dept. of State)
\circ

	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	06, Florida Statutes, this	s Florida Profit Corporation a	adopts the follow	ing amendmen
A. If amending name, enter the new nam	e of the corporation:			
A.+ CLEAN'S N (5) name must be distinguishable and contai "Corp.," "Inc.," or Co.," or the designate word "chartered," "professional association	The word "corporation "Corp," "Inc," or on," or the abbreviation	ion," "company," or "incorp" "Co". A professional corpor" "P.A."	orated" or the ration name mus	The new abbreviation a contain the
B. Enter new principal office address, if (Principal office address MUST BE A STR				
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF				
D. If amending the registered agent and/ new registered agent and/or the new r			me of the	
Name of New Registered Agent		POLLARI		
_	12534 V (Florida s	VILES PD		_
New Registered Office Address:	corm:	SPRINGS (City)		3076 n Cade)
New Registered Agent's Signature, if cha I hereby accept the appointment as registered				
	aturia J.	sellari	200 T	
	Signature of New	Registered Agent, if changing	2	

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 Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1)Change	<u>P</u>	ALGANDER ARANTO MANUERA	139 HIDDEN COVET ED
Add Remove			#WWW. Lbull, FL 330 23
2) Change			·
Add Remove			
3) Change Add			
Remove			
4) Change			
Add			
5) Change			
Add			
6) Change			
Add			
Remove			

· · · · · · · · · · · · · · · · · · ·	rticles, enter change(s) here: . (Be specific)
	
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an amendment provides for an exc	change, reclassification, or cancellation of issued shares,
orovisions for implementing the am (if not applicable, indicate N/A)	nendment if not contained in the amendment itself:
(ij ma tijajmetirate, matetate (mr.)	
	\ \ \ \
,,	$\mathcal{O}(\mathcal{F})$
	M(X)

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file date)	
(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 document's effective date on the Department of State's records.	date 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 amendmen by the shareholders was/were sufficient for approval.	nt(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareho action was not required.	lder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated9 13 18	
Signature (By a director, president or other officer – if directors or officers have not bee	
selected, by an incorporator – if in the hands of a receiver, trustee, or other ecappointed fiduciary by that fiduciary)	purt
(Typed or printed name of person signing)	
(Title of person signing)	

. . . .