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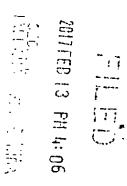
(Re	questor's Name)	
(Ad	dress)	
bA)	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

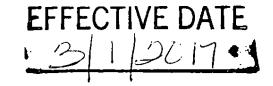
NAME OF CORPORATION: Alpha	Cleaning & Kestorat	ion Inc.
DOCUMENT NUMBER: P13000	0001547	
The enclosed Articles of Amendment and fee are subr	mitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Jonatha	Name of Contact Person	
Alpha Cle	eaning & Restoration Firm/Company	Inc.
313 SW 8	Eastport Cir	
PSL, FI	L 34953 City/ State and Zip Code	
A1Clean free E-mail address: (to be used	eks@6mail.com	1
For further information concerning this matter, please	call:	
Jonathan Wegron Name of Contact Person	at (772) 924 - 1 Area Code & Daytime Telepho	7077 one Number
Enclosed is a check for the following amount made pa	ayable to the Florida Department of State:	
\$35 Filing Fee	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certified Copy (Additional Copy is enclosed)	us
Mailing Address	Street Address	

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



(Name of Corporation as currently	filed with the Florida Dept. of State)		
<u> </u>			
Alpha Cleaning & Restoration	Inc.		
(Document Number of C	corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	orida Profit Corporation adopts the follow	ing amendment	t(s) to
A. If amending name, enter the new name of the corporation:			
A1 Clean Freeks Inc		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.	" "company," or "incorporated" or the o". A professional corporation name mus	abbreviation	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			
		· · ·	
			
C. Enter new mailing address, if applicable:		<u>. : :</u> 20	
(Mailing address MAY BE A POST OFFICE BOX)	ـــــــــــــــــــــــــــــــــــــ	<u> </u>	P
	<u> </u>	<u>: 89</u>	
	•	ີພ	
D. If amending the registered agent and/or registered office addres	is in Florida, enter the name of the		
new registered agent and/or the new registered office address:		0	
Name of New Registered Agent		96	
(Florida street	t address)	_	
New Registered Office Address:	, Florida_		
(C	City) (Zi _j	p Code)	
N. B. (1. 1. 2.0)			
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wit	th and accept the obligations of the position) .	
	,		
		_	
Signature of New Reg	gistered 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.

<u>X</u> Change	<u>PT</u>	John Do	<u>æ</u>	
X Remove	<u>v</u>	Mike Jo	ones .	
X Add	<u>sv</u>	Sally Sr	nith	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change				
Add				
Remove				
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add	-,. ,			
Remove				
5) Change				
Add		_		
Remove				
Konove				
6) Change		_		
Add				
Remove				

•	cles, enter change(s) here: (Be specific)
-	
······································	
f an amendment provides for an exch provisions for implementing the ame	ange, reclassification, or cancellation of issued shares, andment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

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)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.	ot be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east 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.	
Dated 2 · 10 · 17	
Signature Vasta III	
(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)	
appointed inductary by that reductary)	
Jonathan Negron	
(Typed or printed name of person-signing)	
Desci-land	
(Title of person signing)	