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OCT 3 : 2013

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Complete CLEANING SOLUTIONS, INC					
DOCUMENT NUMBER:	P1300000 4642				
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
	Ray Hefflew Name of Contact Person				
	Eins/Company				
, 					
Address SANTA RISA BEACK FL 32459 City/ State and Zip Code					
	Address				
	FANIA KISA BEACK , FL 32439				
	City/ State and Zip Code				
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Ray Heffe	rson at (251) 48 - 76 87 Area Code & Daytime Telephone Number				
Name of Contact Per	rson Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:					
	5 Filing Fee &				
Mailing Address Amendment Secti	on Street Address Amendment Section				

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment to Articles of Incorporation

of

(Name of Corporation as curre	ently filed with the Florida Dep	
P13000	0004642	是
(Document Number	er of Corporation (if known)	J: W
ursuant to the provisions of section 607.1006, Florida Statutes, the Articles of Incorporation:	his <i>Florida Profit Corporation</i> a	dopts the following amendment(s
. If amending name, enter the new name of the corporation:	<u>L</u>	
ame must be distinguishable and contain the word "corpora	NIA	The new
name must be distinguishable and contain the word "corporal Corp.," "Inc.," or $Co.$," or the designation "Corp.," "Inc," overd "chartered," "professional association," or the abbreviation	ж "Co". A professional corpor	orated" or the abbreviation ration name must contain the
8. Enter new principal office address, if applicable:	NIA	
Principal office address <u>MUST BE A STREET ADDRESS</u>)		
		· <u></u>
		<u> </u>
Enter new mailing address, if applicable:	١.٨.	
(Mailing address MAY BE A POST OFFICE BOX)	NIA	
D. If amending the registered agent and/or registered office a		me of the
new registered agent and/or the new registered office addi	ress:	
Name of New Registered Agent	NIT	
	a street address)	
(Florida		
(Floride New Registered Office Address:		, Florida

Signature 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> <u>John</u>	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>	<u>Name</u>	<u>Addres</u> s
1) Change	CEO	Regina SPITTY	93 DUNE LAKES CIRIL
Add Remove			BLOG C 207 SANTARISA BEAUL, FL 32459
2) _X_ Change Add	<u>_</u> P	GnBirle M Heffron	314 Whisporing Later Drive SENTA ROSA BEACK FL 32459
Remove 3) K Change Add	<u></u>	Rny C Deffaou	314 Whisperios LAZe Privo SANTA RUA BOACH, FL 32459
Remove 4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) N/A

The date of each amendment(s) adoption:	9-30-2018	, if other than the
date this document was signed.	_	
Effective date if applicable:	9-30-2018 no more than 90 days after amendment file date)	
(n	no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not a document's effective date on the Department of States		, this date will not be listed as the
Adoption of Amendment(s) (CHEC	K ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficient for appr		ndment(s)
The amendment(s) was/were approved by the sh must be separately provided for each voting gro	areholders through voting groups. The following oup entitled to vote separately on the amendment	
"The number of votes cast for the amendm	• •	
by(voting		
(voting	group)	
The amendment(s) was/were adopted by the boa action was not required.	ard of directors without shareholder action and sh	areholder
The amendment(s) was/were adopted by the incoaction was not required.	orporators without shareholder action and shareholder	older
Dated 10-22-2	0/8	
Signature (I)	nt of other officer – if directors or officers have n	ot boon
(By a director, presider selected by an incorpo	orator – if in the hands of a receiver, trustee, or ot	her court
appointed fiduciary by		
,	Par & Hall	
	PAY (HeFFRON ped or printed name of person signing)	
(1)		
	VICE PLESDENT	
	(Title of person signing)	