

P13000012744

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

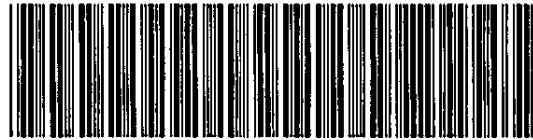
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/03/17--01010--017 **35.00

2017 JAN 23 AM 8:43
DIVISION OF REVENUE
STATE OF NEW YORK

JAN 30 2017

C LEWIS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 5, 2017

ALEYA S. WOLFLA / A CLEAN FINISH INC
4521 ST AUGUSTINE RD SUITE 2
JACKSONVILLE, FL 32207 US

SUBJECT: A CLEAN FINISH INC
Ref. Number: P13000012744

We have received your document for A CLEAN FINISH INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 017A00000219

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: A CLEAN FINISH INC.

DOCUMENT NUMBER: P13000012744

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALEYA WOLFLA

Name of Contact Person

A CLEAN FINISH INC., DBA PROPERTY SOLUTIONS AND CONSTRUCTION

Firm/ Company

4521 ST. AUGUSTINE RD STE 2

Address

JACKSONVILLE, FL. 32207

City/ State and Zip Code

ALEYA@PROPERTY-SOLUTIONSCORP.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALEYA WOLFLA

at (941)

258-2396

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

☐ \$43.75 Filing Fee &
Certificate 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)

Mailing Address

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

Street Address

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

Articles of Amendment
to
Articles of Incorporation
of

FLORIDA
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2017 JAN 23 AM 8:48

A Clean Finish Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P13000012744

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this ~~Florida Profit Corporation~~ adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

A Clean Finish Inc.

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

4521 St. Augustine Rd.

STE 2

Jacksonville, FL 32207

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

(Florida street address)

New Registered Office Address:

(City)

Florida

(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

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:

☒ Change PT John Doe

☐ Remove V Mike Jones

☐ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change	<u>P</u>	<u>Aleya Wolfia</u>	<u>6371 Collins Rd.</u>
<input type="checkbox"/> Add			<u>Apt 1412</u>
<input type="checkbox"/> Remove			<u>Jacksonville, FL 32244</u>
2) <input checked="" type="checkbox"/> Change	<u>VP</u>	<u>Charles Wolfia</u>	<u>6371 Collins Rd.</u>
<input type="checkbox"/> Add			<u>Apt 1412</u>
<input type="checkbox"/> Remove			<u>Jacksonville, FL 32244</u>
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

(Attach additional sheets, if necessary). (Be specific)

(if not applicable, indicate N/A)

Page 3 of 4

February 07, 2013

The date of each amendment(s) adoption: _____
date this document was signed.

FILED
CLERK OF COURT
DIVISION OF COURT CLERK
If other than the

Effective date if applicable: _____

(no more than 90 days after amendment file date)

2017 JAN 23 AM 8:49

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated

1/25/17

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)

ALANA S. WARLA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)