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COVER LETTER

TO: Amendment Section

Division of C	orporations		
NAME OF CORE	PORATION: Disasterclean.com	Inc.	
	MBER: P13000078814		
		- 1111111111111111111111111111111111111	
The enclosed Artic	les of Amendment and fee are sul	bmitted for filing.	
Please return all co	rrespondence concerning this mat	ter to the following:	
	Amy Barnes		
		Name of Contact Perso	n
	Disasterclean.com Inc.		
	· · · · · · · · · · · · · · · · · · ·	Firm/ Company	
	P.O. Box 100057		
		Address	
	Cape Coral, FL 33910		
	 	City/ State and Zip Cod	e
an	nybarnes@mail.com		
	<u> </u>	ed for future annual report	notification)
	,	,	--
For further informa	tion concerning this matter, please	call:	
Amy Barnes		at (443-0705
Nam	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made p	nynble to the Florida Depa	rtment of State;
S35 Filing Fee	S43:75:Filing:Fee'& Certificate:of:Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
A D P.	alling Address mendment Section ivision of Corporations O. Box 6327 allahassee, FL 32314	Amend Divisio Clifton 2661 E;	Address ment Section n of Corporations Building kecutive Center Circle

17 MAR 24 PM 2: 37

Articles of Amendment to Articles of Incorporation of



Disasterclean.com Inc.		
(Name	of Corporation as current	ly filed with the Florida Dent. of State)
P13000078814		
	(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	1.1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:	
N/A		. The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associations of the control of t	nation "Corp," "Inc," or '	nn," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address,	If applicables	N/A
(Principal office address MUST BE A S	TREET ADDRESS)	
C. Enter new mailing address, if anni	icable:	N/A
(Malling address MAY BE A POST	OFFICE BOX)	IVA
D. Married and the section of a continu	. 31	In The Lite and Advantage of the
D. If amending the registered agent ar new registered agent and/or the ner	w registered office address	ress in Fiorida, enter the name of the
Name of New Registered Agent	Goldberg Noone, LLC	
THINK WITH THE RESIDENCE TO SECUL	1533 Hendry Street, Suite	200
	(Florida str	ces address)
New Registered Office Address:	Fort Myers	, Florida
		(City) (Zip Code)
New Registered Agent's Signature, if c		
hereby accept the appointment as regisi	ered agefst. ffamffamiliar v	vith and accept the obligations of the position.
	Signature of New R	egistered 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	PT	John Doc	
X Remove	Y	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	CFO	Juan Minuta	1721 SW 44th Street
Add			Cape Coral, FL 33914
X Remove			
2) Change	<u>T</u>	William Barnes, Jr.	4302 Del Prado Blvd. S.
X Add			Cape Coral, FL 33904
Remove			
3) Change	CFO	Amy Jablonski Barnes	4302 Dei Prado Blvd. S.
X Add			Cape Coral, FL 33904
Remove			
4) X Change	С	Theodore J. Sassi	3911 SW 2nd Ave.
Add			Cape Coral, FL 33914
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) 1.0 % ownership to Theodore Sassie
25.0 % ownership William Barnes
25.0 % ownership to Amy Barnes
25.0% ownership to David Reese
24.0 % ownership to Casey McKerlie
Add to Article 7.2 Theodore Sassie is not entitled to have the right to vote.

The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this be document's effective date on the De	lock does not meet the applicable statutory filing requirements, this	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment fficient for approval.	11(s)
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following state 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	(voting group)	
	(voting group)	
The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and shareholder	lder
The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated 3/7/6	2017 um Barres CFO	
Signature (A)	um Barres CFO	
(By a d	restor, president or other officer - if directors or officers have not bee	
	l, by an incorporator – if in the hands of a receiver, trustee, or other co ed fiduciary by that fiduciary)	ourt
	Any M Bornes (Typed or printed name of person signing)	
	CFO	
	(Title of person signing)	