P13000080262

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SECRETARY 14 PH 2: 17

C. LEWIS

MAY 2 7 2014

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Aspen Cl	eaning Servic	es Inc.
DOCUMENT NUMB	ER: P13000080	262	
The enclosed Articles a	of Amendment and fee are su	ibmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Karl Taylor		
		Name of Contact Person	1
	Aspen Cleanin	g Services Ind	
•	490 SW TALQUIN LN	Firm/ Company	
-	PORT ST LUCIE FL 34986	A ddSS	
-		City/ State and Zip Code	
kar	ltaylorjr@gmai	l.com	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
	Karl Taylor	at (323-8377
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:
S35 Filing Fee	☐\$43.75 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)
Ame Divis P.O.	ing Address indment Section tion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle



Articles of Amendment to Articles of Incorporation of

14 MAY 14 PM 2: 17

SECRETARY OF JULYE TALEAHASSET, FEORTOX

Aspen Cleaning Ser	VICES INC. s currently filed with the F	Tarida Dant of State)		_
P1000080262	Currency med with the F	ioi ida pepi. oi State)		
(Documer	nt Number of Corporation (i	f known)	,,	_
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation	n adopts the following	ig amendment(s) to
A. If amending name, enter the new na	ame of the corporation:			
name must be distinguishable and con	tain the word "componentie	n " "aamman " ar "inaa		_The new
"Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "	Co". A professional corp		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		490 SW TALQUIN LN		_
		PORT ST LUCIE FL 34	986	_
				_
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)	icable: OFFICE BOX)	490 SW TALQUIN LN		_
		PORT ST LUCIE FL 3	4986	_
				_
D. If amending the registered agent an new registered agent and/or the new	d/or registered office address	ress in Florida, enter the 1 L	name of the	
Name of New Registered Agent				
	490 SW TALQUIN LN			
New Registered Office Address:	(Florida street address) PORT ST LUCIE , Florida		ida 34986	
New Registered Office Address.	(City)		(Zip Code)	-
New Registered Agent's Signature, if cl I hereby accept the appointment as regist	hanging Registered Agent: ered agent. I am familiar v	i with and accept the obligate	ions of the position.	
Sig	gnature of New Registered A	Igent, 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>Iohn Doe</u>	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	T		
Add			
Remove			
2) Change	S	Mirna Heredia	2501 SE Dogwood Ave
Add			Port St Lucie FI 34952
Remove			
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	•		
Add			
Remove			

If amending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific)			
· · · · · · · · · · · · · · · · · · ·			
If an amendment provides for an exchiprovisions for implementing the amer (if not applicable, indicate N/A)	range, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:		
REMOVE 250 SHARES FROM MERNA	HEREDIA		
	HARES		
KARL TAYLOR JR NOW HAS 333.33 SH	HARES 13.33 SHARES		
	HARES 13.33 SHARES		

APPROVES AND FILES

14 MAY 14 PH 2: 17 5/1/2014 ____, if other than the The date of each amendment(s) adoption: date this document was signed. 02/19/2014 Effective date if applicable: (no more than 90 days after amendment file date) 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 (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 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) Karl Taylor Jr. (Typed or printed name of person signing) Registered Agent President (Title of person signing)