# P14000002229

| (Re                                     | questor's Name)                         |             |  |  |
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| (Ad                                     | dress)                                  |             |  |  |
| (Ad                                     | dress)                                  |             |  |  |
| (Cit                                    | ry/State/Zip/Phone                      | e #)        |  |  |
| PICK-UP                                 | ☐ WAIT                                  | MAIL        |  |  |
| (Bu                                     | siness Entity Nar                       | me)         |  |  |
| (Do                                     | ocument Number)                         |             |  |  |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |             |  |  |
| Certified Copies                        | _ Certificates                          | s of Status |  |  |
| Special Instructions to Filing Officer: |   |             |  |  |
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Amend

OCT 0 8 2018

1 ALBRITTON

## COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPOR           | ATION: FRAN CLE  | AN SERVICES   | INC  |  |
|--------------------------|--|---|--|--|
|                          | ER: P1400000222  |   |  |  |
|                          | of Amendment and fee are sul   |   |  |  |
| Please return all corres | pondence concerning this mat   | aer to the following:   |  |  |
|                          | JAIRO ALZATE-F   | RANCO   |  |  |
| •                        |  | Name of Contact Person  | 1  |  |
|                          | 7818 N ARMENIA   | Firm/ Company   |  |  |
| -                        | 7010 N ANVILLA   | Address   |  |  |
|                          | TAMPA, FL, 3360  |   |  |  |
| •                        |  | City/ State and Zip Code  | 2  |  |
| wiln                     | naristi@hotmail.c  | om  |  |  |
|                          | E-mail address: (to be us  | sed for future annual report  | notification)  |  |
| For further information  | concerning this matter, pleas  | se call:  |  |  |
| JAIRO ALZA               | TE-FRANCO  | at (813   | , 506-2166   |  |
| Name c                   | of Contact Person  | Area Code & Daytime Telephone Number  |  |  |
| Enclosed is a check for  | the following amount made  | payable to the Florida Depa   | nrtment of State:  |  |
| ■ \$35 Filing Fee        | □\$43.75 Filing Fee & Certificate of Status  | □\$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |  |
| Ame<br>Divi<br>P.O.      | Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314  Mailing Address Amendment Section Division of Corporations Clifton Building Tallahassee, Fl. 32314  Z661 Executive Center Cir |   |  |  |

### Articles of Amgndment to Articles of Incorporation

# FRAN CLEAN SERVICES INC

### P14000002229

| Articles of A   | Amendment  |  |  |
|---|--|--|--|
| to<br>Articles of In  | . ^  |  |  |
| ol  | Simple the state of the state o |  |  |
| FRAN CLEAN SERVICES INC   |  |  |  |
| (Name of Corporation as currently filed with the  | Florida Dept. of State)  |  |  |
| P14000002229  |  |  |  |
| (Document Number of Corporation (   | if known)  |  |  |
| Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:   | Florida Profit Corporation adopts the following amendment's to   |  |  |
| A. If amending name, enter the new name of the corporation:   |  |  |  |
|   | The new  |  |  |
| name must be distinguishable and contain the word "corporation" Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "protessional association," or the abbreviation | "Co". A professional corporation name must contain the   |  |  |
| B. Enter new principal office address, if applicable:   | 7818 N ARMENIA AVE   |  |  |
| (Principal office address MUST BE A STREET ADDRESS)   | TAMPA, FL, 33604   |  |  |
|   |  |  |  |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)   | 7818 N ARMENIA AVE   |  |  |
|   | TAMPA, FL, 33604   |  |  |
|   |  |  |  |
| D. If amending the registered agent and/or registered office address registered agent and/or the new registered office address  |  |  |  |
| Name of New Registered Agent  |  |  |  |
| tFlorida s  | treet address)   |  |  |
| New Registered Office Address:  | . Florida  |  |  |
| (City   | 9  |  |  |
|   |  |  |  |
| New Registered Agent's Signature, if changing Registered Agen<br>I hereby accept the appointment as registered agent. I am familiar   | <u>t:</u>  |  |  |

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:

President: V = Vice President: T = Treasurer: S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = ChiefExecutive Officer; CEO = 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.

| X Change                      | <u>PT</u>    | John De  | <u>ne</u>    |             |             |                 |                  |
|-------------------------------|--------------|----------|--------------|-------------|-------------|-----------------|------------------|
| X Remove                      | <u>V</u>     | Mike Jo  | <u>nes</u>   |             |             |                 |                  |
| <u>X</u> Add                  | <u>SV</u>    | Sally Sn | n <u>ith</u> |             |             |                 |                  |
| Type of Action<br>(Check One) | <u>Title</u> |          | <u>Name</u>  |             |             | <u>Addres</u> s |                  |
| 1) Change                     |              | _        |              |             |             |                 | -                |
| Add                           |              |          |              |             |             |                 |                  |
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| 2) Change                     |              | _        |              |             |             |                 |                  |
| Add                           |              |          |              |             |             |                 |                  |
| Remove                        |              |          |              |             |             |                 |                  |
| 3) Change                     |              |          |              |             |             |                 |                  |
| Add                           |              |          |              |             |             |                 |                  |
| Remove                        |              |          |              |             |             |                 |                  |
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| 4) Change                     |              | _        |              | <del></del> |             |                 |                  |
| Add                           |              |          |              |             |             |                 |                  |
| Remove                        |              |          |              |             |             |                 |                  |
| 5) Change                     |              | _        |              |             | <del></del> |                 | · . <del>-</del> |
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| 6) Change                     |              |          |              |             |             |                 |                  |
| Add                           |              |          |              |             |             |                 |                  |
| Remove                        |              |          |              |             |             |                 | <del></del>      |

| <u>If amending or adding addi</u><br>Attach <i>additional sheets, if n</i> | iecessary).  | (Be specific)        |                 |              |                    |             |
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| If an amendment provides   | for an excha | ange, reclassi       | fication, or ca | neellation o | f issued sha       | ires,       |
| provisions for implementing  | ng the amer  | <u>idment if not</u> | contained in    | the amendm   | <u>ent itself:</u> |             |
| (if not applicable, indic  | cate N/A)    |                      |                 |              |                    |             |
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| The date of each amendment(s) adoption: 09/05/2018   | , if other than the |
|--|---------------------|
| date this document was signed.   |                     |
| Effective date if applicable: 09/05/2018   |                     |
| (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 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)   |                     |
| 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_09/05/2018   |                     |
| Signature09/05/2018  |                     |
| (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) |                     |
| JAIRO ALZATE-FRANCO  |                     |
| (Typed or printed name of person signing)  |                     |
| June Alexanto  | ·                   |
| (Title of person signing)  |                     |