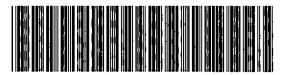
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### **COVER LETTER**

Division of Corporations
NAME OF CORPORATION: CB COSTYUCTION & CLEANING INC.  DOCUMENT NUMBER: P140 000521091
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Miriam Duarte Name of Contact Person
Firm/ Company
2422 Berkshire Ct
Address
hissimmen Fl 34746
hissimmee FL 34746  City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Miriam Duage at (407) 507-2548
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 Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)

TO: Amendment Section

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

CB Construction & Cleaning.	Ine.	
(Name of Corporation as currently filed with the	lorida Dept. of State)	
V14000052691		
(Document Number of Corporation (i	f known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following an	nendment(s) to
A. If amending name, enter the new name of the corporation:		
		e new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "word "chartered," "professional association," or the abbreviation "	Co". A professional corporation name must cont	viation tain the
B. Enter new principal office address, if applicable:	2200 E. IrloBn	unson
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	memorial thru Suk	ر (10
	hissimme Fl. 3474	.[
	110011	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4430 Old Tampa Hw	$\checkmark$
	Cissinnee Ci 34	746
	LIESTAN DI	7 10
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address		
	•	
Name of New Registered Agent		
(Florida str	eet address)	
New Registered Office Address:	. Florida	
(City)		
New Registered Agent's Signature, if changing Registered Agent.  I hereby accept the appointment as registered agent. I am familiar v	i. with and accept the obligations of the position.	14 C SEC TALL,
		)CT RET
Signature of New Registered	Agent, if changing	10 ARY SSE
		£,0 ™ F

## 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 I</u>	<u> Doe</u>	
X Remove	Y	Mike .	<u>Jones</u>	
X Add	<u>sv</u>	Sally S	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	$\vee$		Carlos Bolivar	2432 Benchire Ct
Add				2432 Benchire Ct Kissimmee FL 34746
Remove				
2) Change		<del></del>		
Add				
Remove				
3) Change				
Add				
Remove				4, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19
4) Change				
Add				- And Pi
Remove				
5) Change				
Add				
Remove				
6) Change				
Add	····			
Remove				
Velliose				

amending or adding additional Arti ttach additional sheets, if necessary).	(Be specific)	
f an amendment provides for an exchaprovisions for implementing the amen (if not applicable, indicate N/A)	nge, reclassification, or cancellation of dinent if not contained in the amendm	of issued shares, nent itself:
() the approach, material (1)		<u>.</u>
		**************************************

The date of each amendment(s) ad	option:	, ii other than
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	roved by the shareholders through voting groups. The following statement 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)	
	(voting group)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
10/7/	$\iota H$	
Dated_ <u>                                      </u>		
Signature (Pun di	rector, president or other officer - if directors or officers have not been	
	bettor, president of other other an affectors of officers have not occur, by an incorporator – if in the hands of a receiver, trustee, or other court	
	ed fiduciary by that fiduciary)	
	MIYI am Quarte (Typed or printed name of person signing)	_
	(Typed or printed name of person signing)	
	President	_
	(Title of person signing)	