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/Pc	equestor's Name)	
(Re	questors Name)	
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(Ci	ty/State/Zip/Phone #	9
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)
(Do	ocument Number)	<u> </u>
Certified Copies	Certificates o	f Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations			14 M
NAME OF CORPORATION: CLEAN & C		OLUTIONS, INC	\$500 -5 M
The enclosed Articles of Amendment and fee are sub-	mitted for filing.		9 8: 30
Please return all correspondence concerning this matter	er to the following:		55 B
PACHECO, JENN	IIFER		
CLEAN & ORGINI	Name of Contact Person		
8515 NW 168 T	Firm/ Company		
0010 100 11	Address		<u>-</u>
MIAMI LAKES, FI	∟ 33016		
	City/ State and Zip Cod	છ	
CLEANANDORGINIZE E-mail address: (to be used)		_	<u> </u>
For further information concerning this matter, please	call:	,	
PACHECO, JENNIFER	at (786	, 431-9698	
Name of Contact Person	Area Co	de & Daytime Telephone Ni	umber
Enclosed is a check for the following amount made pa	yable to the Florida Depa	artment of State:	
■ \$35 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	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301	

Articles of Amendment Articles of Incorporation

The state of the s



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

P14000075352

(Document Number of Cornoration (if known)

ent(s) to

. If amending name, enter the new name of the	aornoration:			
. It stitenting traine, enter the new traine of the	corporation.			
			444	The n
ame must be distinguishable and contain the w Corp.," "Inc.," or Co.," or the designation "Cor ord "chartered," "professional association," or th	p." "Inc." or "C	o". A professio	r "incorporated nal corporation na	or the abbrevial me must contain
. Enter new principal office address, if applicab	le:			<u></u>
Principal office address <u>MUST BE A STREET AL</u>	ODRESS)			
				
. Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	<i>OX</i>)			
,				
				
				
). If amending the registered agent and/or regist	ered office addre	ss in Florida, en	ter the name of the	<u>e</u>
new registered agent and/or the new registere	d office address:			
Name of New Registered Agent			_	
	(Florida stree	et address)		
N D : 1000 111			Planido	
New Registered Office Address:	(City)		, Florida /Zip	Code)

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>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	T	FRANK PACHECO	8515 NW 168 TRR
Add			MIAMI LAKES, FL
Remove			33016
2) Change	-		
Add			
Remove		,	SE THE TOTAL TOTAL SECTION OF THE TOTAL SECTION OF
3) Change			
Add			
Remove			
4) Change			30 ATE ADA
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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	40 F. M	٠.
If amending or adding additional Articles, enter change(s) here:	The first the	
Attach additional sheets, if necessary). (Be specific)		A B
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If an amendment provides for an exchange, reclassification, or cancellation of issued sha	res.	
provisions for implementing the amendment if not contained in the amendment itself:		
(if not applicable, indicate N/A)		
	 	
		

The date of each amendment(s) a	doption:	_, if other than th
date this document was signed.		
Effective date if applicable:		
-	(no more than 90 days after amendment file date)	0-
Adoption of Amendment(s)	(CHECK ONE)	
by the shareholders was/were su		3 7
The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. The following statement cach voting group entitled to vote separately on the amendment(s):	EM
	for the amendment(s) was/were sufficient for approval	M 8: 30
by	(voting group)	T, 0
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder	
selecti	frector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court med fiduciary by that fiduciary)	 -
	JENNIFER PACHECO	_
	(Typed or printed name of person signing)	
	VICE PRESIDENT	
	(Title of person signing)	