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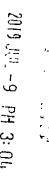
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	NG SOLUTIONS CORP	
DOCUMENT NUMBER: P14000083663	. —	
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this m	natter to the following:	
Yudmila Capdevila		
Owner-Y & Y CLEANING	Name of Contact Person SOLUTIONS CORP	n
11964 SW 37 ST	Firm/ Company	
Miami, FL 33175	Address	
	City/ State and Zip Cod	e
yudmi91@gmail.com		
E-mail address: (to be	used for future annual report	notification)
For further information concerning this matter, ple	ase call:	
Maria Gonzalez	786 at (862-1635
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made	e payable 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	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

(Name of Corporation as currently filed with the Florida Dépt. of Sta (Name of Corporation as currently filed with the Florida Dépt. of Sta (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the starticles of Incorporation: (I famending name, enter the new name of the corporation: (Capdevila Cleaning and Services Corporation (Corp.) "Inc." or Co or the designation "Corp." "Inc." or "Co". A professional corporation nat word "chartered." "professional association," or the abbreviation "P.A." (I famending address MUST BE A STREET ADDRESS) (Mailing address MAY BE A POST OFFICE BOX)	-9 FH 3: 04
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Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address in Florida, enter the name of the	ame must contain the
(Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the	
(Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the	
new registered agent and/or the new registered office address:	<u> </u>
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address:, Florida	
(City)	 la

New Registered Agent's Signature, if changing Register

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered 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	<u>PT</u>	John Do	<u>>e</u>	
X Remove	<u>v</u>	Mike Jo	ones .	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change				
Add				
Remove				
2)Change				
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add		_		
Remove				
6 1				
5) Change	•			
Add				
Remove				
6) Change		_		
Add				
Pemove				

Attach additional sheet.	additional Articles, if necessary).	(Be specific)	<u> </u>			
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f an amendment prov provisions for implen	enting the amen	nge, reclassific	ation, or cancell ntained in the a	ation of issued mendment itsel	shares, f:	
(if not applicable,	indicate N/A)					
						
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	07/01/2019	
date this document was signed. 07/01/20	on:	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amenament file date)	
Note: If the date inserted in this block document's effective date on the Department	does not meet the applicable statutory filing requirements, this date will renent of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) ent for approval.	
	d by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for th	ne amendment(s) was/were sufficient for approval	
by	,	
,	(voting group)	
☐ The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder	
07/01/2019		
Dated		
- 7/		
Signature	or, president or other officer – if directors or officers have not been	_
	an incorporator – if in the hands of a receiver, trustee, or other court	
	duciary by that fiduciary)	
Yud	mila Capdevila	
	(Typed or printed name of person signing)	
Own	ner	
	(Title of person signing)	