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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	ATION: OMEGA CLEAN	CONCEPTS INC	
DOCUMENT NUMBE			
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
C	ARLOS LONDON		
_	<u> </u>	Name of Contact Person	1
L	ONDON EXPRESS INTER	NATIONAL INC	
_		Firm/ Company	
2	750 MICHIGAN AVE, SUI	TE B-2	
_		Address	
К	ISSIMMEE, FLORIDA 34	744	
-		City/ State and Zip Cod	e
LOND	ON2750@HOTMAIL.COM	I	
	<del>-</del>	sed for future annual report	notification)
		1 275	
For further information	concerning this matter, pleas		Professional Community of the Community
CARLOS LONDON		,	de & Daytime Telephone Number
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 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 Division Clifton	Address  Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED 16 MAR - 3 PM 10: 07

OMEGA CLEAN CONCEPTS INC

SECRETARY OF STATE

	TALL HARY DE STATE
(Name of Corporatio	on as currently filed with the Florida Dept. of State) L. FLORIDA
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida ts Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment
a. If amending name, enter the new name of the cor	rporation:
	l "corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDI</u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	0
. If amending the registered agent and/or registere new registered agent and/or the new registered o	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	. Florida
	(City) (Zip Code)
ew Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. I	stered Agent: am familiar with and accept the obligations of the position.
Signat	ture 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>oe</u>	
X Remove	<u>V</u>	Mike Jo	ones	
_X Add	<u>sv</u>	Sally Sn		
		Sally St		
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	DIR	_	GILBERTO MORALES OLIVERAS	2358 LILY PAD LN
XXX Add				KISSIMMEE
Remove				FLORIDA 34743
2) Change		_		
Add				
Remove				
3) Change		_	<u></u>	
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add		_		
Remove				
6) Change		_		
Add				
Remove				

ttach additional sheets, if necessury).	(Be specific)
· · · · · · · · · · · · · · · · · · ·	
	•
an amendment provides for an excl	change, reclassification, or cancellation of issued shares,
orovisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(ij noi uppneuoie, mateure 1971)	
	·
	·
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	INMIDIATLY	
The date of each amendment(s) add	option:	, if other than the
date this document was signed.		
	/2016	
Effective date <u>if applicable</u> :	( 1 00 1 6 1 (01 1 (1)	
	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this blocument's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this artment of State's records.	is date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adop by the shareholders was/were suf	ted by the shareholders. The number of votes cast for the amendm icient for approval.	ent(s)
	oved by the shareholders through voting groups. The following sta ach voting group entitled to vote separately on the amendment(s):	
	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
<u> </u>	(voting group)	
action was not required.  The amendment(s) was/were adop	ted by the board of directors without shareholder action and shareholder by the incorporators without shareholder action and shareholder	
action was not required.		
02/15/2016 Dated Signature		
` <b>-</b>	ector, president or other officer - if directors or officers have not b	
	by an incorporator – if in the hands of a receiver, trustee, or other d fiduciary by that fiduciary)	court
, ,	SANDRA BRIGITTE MONTOYA	
-	(Typed or printed name of person signing)	
	PRESIDENT	
-	(Title of person signing)	