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COVER LETTER

TO: Amendment Section Division of Corporations Champion Cleaning and Restoration Inc. NAME OF CORPORATION: 015000052222 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: William Laeur Name of Contact Person Some as above
Firm/ Company 89 Nottingham Pl. Boynton Beach F1. 33426
City/ State and Zip Code B. love inca Jahow. com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Bill Laer at (267) 549 - 7228

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 **□**\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy

enclosed)

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

(Additional Copy is enclosed)

Articles of Amendment to Articles of Incorporation

Articles of Incorporation of

F	ILEU	

Champion Cleaning	and Restorations Intractin 1803
(Name of Corporati	ion as currently filed with the Florida Dept. of State). 🛫 🔩 Ala
	TASSEE, FLORIDA
(Docur	ment Number of Corporation (if known)
	a Statutes, this Florida Profit Corporation adopts the following amendment
Articles of Incorporation:	
If amending name, enter the new name of the co	orporation:
Cham Dian Carpet	Cleaning and Restoration The new
ime must be distinguishable and contain the woi	rd "corporation," "company," or "incorporated" or the abbreviation
Corp.," "Inc.," or Co.," or the designation "Corp ord "chartered," "professional association," or the	o," "Inc," or "Co". A professional corporation name must contain the
ra charterea, projessional association, of the	abbreviation F.A.
Enter new principal office address, if applicable	
rincipal office address <u>MUST BE A STREET ADI</u>	<u>DRESS</u>)
Enter new mailing address, if applicable:	22/
(Mailing address MAY BE A POST OFFICE BC	<u></u>
16 di dhi-ddd/i-d	and office address in Dissillar and order the manner of the
new registered agent and/or the new registered	red office address in Florida, enter the name of the office address:
Name of Nam Basistanad Assut	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida (City) (Zip Code)
	(Lip Code)
ew Registered Agent's Signature, if changing Reg	
nereby accept the appointment as registered agent.	I am familiar with and accept the obligations of the position.
Sion	nature of New Registered Agent, if changing
Sign.	·······, · · · · · · · · · · · · · ·

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 <math>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	nes		
X Add	<u>sv</u>	Sally Sn	<u>nith</u>		
Type of Action (Check One)	Title		Name		Address
1) Change		_			
Add					
Remove					
2) Change		_		-	
Add					
Remove					
3) Change		_			
Add					
Remove					
4) Change					
Add					
Remove					
5) Change		_		•	
Add					
Remove					
6) Change					
Add		_			
Remove					

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
10 HAVE 18 TO 10 T	
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 .	
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(y nor applicable, materic 1971)	

The date of each amendment(s) adoption:	_, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast 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 cast 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 $6/23/15$	
Dated $6/23/15$ Signature $4Xhh$	
(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)	
William K. Loew Jo	<u> </u>
(Typed or printed name of person signing)	
President	
(Title of person signing)	