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SECHETARY OF SINGE DIVISION OF CORPORATION

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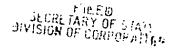
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: VOIOS CLECATING SCILICES DOCUMENT NUMBER: P15000 72941	COSF
The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following:	SECRETARY SECRETARY STATISTON OF CO
Chaneth A. Voloj Name of Contact Person Voloj Cleaning Services Corp Firm/Company 14288 Dev 115t Terr Address Hiami, Fl 33186 City/ State and Zip Code	TARY OF JOSEPH CORPORAÇÃO POR CORPOR
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	
Chanety A. Joloj at (786) 287-8581 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	
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, Fl. 323142661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to



Articles of Incorporation

2010 JUL 12 MH 11: 25

to

2).1: 010	ol o	_ ,	<i>(</i>)	. AOT 15 WHII: 5
		vices	Conp	
(Name of Cor	poration as currently		lorida Dept. of State	<u>r</u>)
<u> </u>	07294			
((Document Number of 0	Corporation (if ki	nown)	
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this F	lorida Profit Coi	rporation adopts the	following amendment(s)
A. If amending name, enter the new name of	f the corporation:			
				The new
name must be distinguishable and contain to "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp," "Inc," or "C	o". A professio	or "incorporated" on al corporation nan	or the abbreviation the must contain the
B. Enter new principal office address, if app (Principal office address MUST BE A STREE			 	
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI				
D. If amending the registered agent and/or i	registered office addre	ess in Florida, en	ster the name of the	
new registered agent and/or the new regi			· · · · · · · · · · · · · · · · · · ·	
Name of New Registered Agent	<u> </u>			
	(Florida stre	et address)		
New Registered Office Address:	(7.707.1813.307.4	T (tital cary	. Florida	
New Registered Office Adda Cas.		City)	,, , , , , , , , , , , , , , , , ,	(Zip Code)
New Registered Agent's Signature, if changi I hereby accept the appointment as registered of	ing Registered Agent: agent. I am familiar w	ith and accept th	e obligations of the p	position.
	Signature of New Re	najeturud Aanst i	f.chanaina	
	agraine of New Re	живски прсиц д	renunging	

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: <u>X</u> Change	PT John Do	<u>De</u>	
X Remove	V Mike Jo	<u>ones</u>	
X Add	<u>SV</u> <u>Sally Si</u>	nith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	<u>PS</u>	LUCY VOLOJ.	14288 SW 115# Ter
Add			Micmi, FL 33186
Remove			· · · · · · · · · · · · · · · · · · ·
2) Change	UPT	Chaneth a volo	<u>14288</u> Sw 115° Te <u>Micmi</u> , FL 33186
Add			THAPH, 72 5010P
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
	D
updating address.	
President Secretary: Lucy Voloj	
President Secretary: Lucy Voloj Vice President Frecisia FR Treasurer: Chaneth	A. Vo
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
na	
·	

The date of each amendment(s) ad	option:	if other than the
late this document was signed.	· -	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(110 more man 50 days after amendalem file date)	
Note: If the date inserted in this bootument's effective date on the De	lock does not meet the applicable statutory filing requirements, this dat partment of State's records.	te will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(sfficient for approval.)
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following stateme each voting group entitled to vote separately on the amendment(s):	nt ·
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	pted by the board of directors without shareholder action and shareholde pted by the incorporators without shareholder action and shareholder	r
action was not required.		
Dated 6/8	3/18	
· · · · · · · · · · · · · · · · · · ·	7/0/0/	
Signature	Shall UM	
(By a d	rector, president or other officer - if directors or officers have not been	
	I, by an incorporator – if in the hands of a receiver, trustee, or other cour	t
appoint	ed fiduciary by that fiduciary)	
	Chanem A. Voloj	
	(Typed or printed name of person signing)	
	UPT	
	(Title of person signing)	