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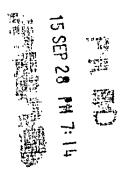
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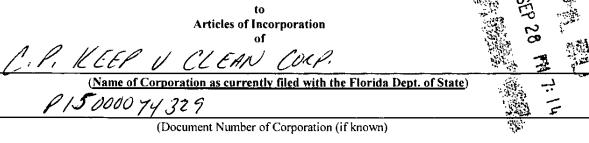


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COVER LETTER

TO: Amendment Section Division of Corporations					
	я У2 г				
NAME OF CORPORATION: C.F. KEEP U CLEAN COLP.	写.				
NAME OF CORPORATION: C.P. KEEP U CLEAN COLP. DOCUMENT NUMBER: P150000 7432 9	CO				
The enclosed Articles of Amendment and fee are submitted for filing.	÷ 3				
Please return all correspondence concerning this matter to the following:	三				
Charlie L. Patrick Sh. Name of Contact Person C.P. KEEP V CLEAN. Corp. Firm/Company					
Name of Contact Person					
C.P. REEP V CLEAN. COXP.					
Firm/ Company					
- TEL W. MAUR St.					
722 W. MAUD St. Address INVALES FL. 32178 City/ State and Zip Code					
City/ State and Zip Code					
E-mail address: (to be used for future annual report notification)					
·					
For further information concerning this matter, please call:					
Charlie L. Patrick Jr. at (352) 557-5119 Name of Contact Person Area Code & Daytime Telephone Number					
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 Certificate of Status \$\begin{array}{c ccccccc} \Box \& \Box \					
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301					

Articles of Amendment



Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

N/Δ	The new
name must be distinguishable and contain the word "corp," "Inc.," or Co.," or the designation "Corp," "Inc, word "chartered," "professional association," or the abbrevi	oration," "company," or "incorporated" or the abbreviation" or "Co". A professional corporation name must contain the ation "P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	<i>N/A</i>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a Name of New Registered Agent	
New Registered Office Address:	rida street address) NA, Florida (Cily) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai	Agent: niliar with and accept the obligations of the position.
	New Registered Agent, if changing
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.

	X Change	<u>PT</u>	John Do	<u>oe</u>	
	X Remove	$\underline{\mathbf{V}}$	Mike Jo	nes	
	X Add	<u>sv</u>	Sally Sn	nith	
	Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1P.	1) _ Change	CEC	-	Charliel. Patrick Ja.	722 W. MAUD St.
	<u></u>				
	Remove				32778
	2) Change			<u> </u>	
	Add				
	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)
PlEASE update my EIN# My # is
47-5038645
CAN you please and Residential to my
Anticle I Already have commercial on it.
Thanks VERY MUCH
Charlie Patrick In
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)
•

The date of each amendment(s) adoption: 9-24-15 date this document was signed.	, if other than th
•	
Effective date if applicable: 9-24-15 (no more than 90 days after amendment file date)	
(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 v document's effective date on the Department of State's records.	vill not be listed as th
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ 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)	
(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 9-24-15	
Dated 9-24-15 Signature Granlie L. Patrick A.	
(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)	
Charlie L. Patrick Jr.	
(Typed or printed name of person signing)	
President / CEO	
(Title of person signing)	