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SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	TON: THE	FABRI-CO	LEAN, INC		
NAME OF CORPORATION: THE FABRI-CLEAN, INC. DOCUMENT NUMBER: P15 0000 92937					
The enclosed Articles of A	The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspon	Please return all correspondence concerning this matter to the following:				
	7HE 22/2 S. [RAIL #104		
	URLAND	City/ State and Zip Code	32825		
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Eci 2ABETH SHERWOOD at 321 276-6853 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 & 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		Street Address			

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

THE FA	BRI-CLEAN, INC.	
	as currently filed with the Florida Dept.	of State)
	00092937	
(Documen	t Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida St its Articles of Incorporation:	atutes, this <i>Florida Profit Corporation</i> add	opts the following amendment(s) to
A. If amending name, enter the new name of the corpo	oration:	
N/A		The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the abl. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDREST.	"Inc," or "Co". A professional corporal previation "P.A."	
N/A		
"//1		
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 new registered agent and/or the new registered off Name of New Registered Agent		e of the
Name of New Registered Agent		
	(Florida street address)	
Nov. Pagistavad Office Adduses	·	Florida
New Registered Office Address:	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I at		of the position.
Signatu	re 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, nar address of each Officer and/or Director being added: (Attach additional sheets, if necessary) 				
	Please note the officer/div P = President; V= Vice : Executive Officer; CFO : held. President, Treasure	rector titl President = Chief I r, Directo	e by the first letter of the office title: t; T= Treasurer; S= Secretary; D= Director; TR= Tr Financial Officer. If an officer/director holds more th or would be PTD.	nan one title, list the first letter of each office
	Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove Example:	ives the c	llowing manner. Currently John Doe is listed as the Porporation, Sally Smith is named the V and S. These sily Smith, SV as an Add.	ST and Mike Jones is listed as the V. There is hould be noted as John Doe, PT as a Change,
	X Change	<u>PT</u>	John Doe	
	X Remove	<u>v</u>	Mike Jones	
	X Add	<u>sv</u>	Sally Smith	
	Type of Action (Check One)	Title	Name	Address
	1) Change	<u>P</u>	MICHAELG CARVANHO	2615 S. Golden Rol Rd.
	Add		, ,	2615 S. Goldenpol Rd.
	Remove			FLORIDA 32822
	2) Change	P	ELIZABETH SHERWOOD) //S/D/.
	X_ Add			#184
	Remove			ORLANDO, Fl. 32825
	3)Change			
	Add			
	Remove			
	4) Change			
	Add			
	Remove			
	5) Change			
	Add			
	Remove			
(6) Change		·	
	Add			
	Remove			

vii www.iii/mui sneeis, ij	<mark>lditional Articles</mark> f necessary). (L	Be specific)			
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f an amendment provide	s for an exchan	ge reclassificatio	n, or cancellation o	f issued shares.	
provisions for implemen	ting the amendr	nent if not contai	ned in the amendm	ent itself:	
(if not applicable, ind	licate N/A)				
(ij noi applicable, ind	j	VA			
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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 with document's effective date on the Department of State's records.	ll 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 November 27, 2015 Signature Falleth Shewwood	
Signature Febeth Shearen	
(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)	
ELIZABETH SHERWOOD	
(Typed or printed name of person signing)	
(1 yped of printed name of person signing)	
VPT	<u> </u>
(Title of person signing)	