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Amend

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I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	PAGES CLEAN	ING SERVICES INC	
DOCUMENT NUMBER: P	6000002448		
The enclosed Articles of Amend	dment and fee are sub	omitted for filing.	
Please return all correspondence	e concerning this mat	ter to the following:	
	DA	IRON PAGES GONZALE	Z
		Name of Contact Person	
	PA	GES CLEANING SERVI	CES
 		Firm/ Company	
	13	50 NE 114 TERRACE	
		Address	
	N	ЛІАМІ FL. 33141	
		City/ State and Zip Code	;
	SERG825@HOTM	IAIL.VOM	
E-m		ed for future annual report	notification)
For further information concern	ing this matter, pleas		
DAIRON PAGES GONZAL	.EZ 	at (de & Daytime Telephone Number
Name of Contac	t Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for the following	owing amount made p	payable to the Florida Depa	rtment of State:
	43.75 Filing Fee & ertificate 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		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

PAGES CLEANING SERVICES INC (Name of Corporation as currently filed with the Florida Dept. of State) P16000002448 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 1350 NE 114TH TERRACE B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) MIAMI, FL. 33141 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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.

Example: X Change	<u>PT</u>	John Do	<u>De</u>			
X Remove	<u>v</u>	Mike Jones				
_X Add	<u>sv</u>	Sally Sr	mit <u>h</u>			
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address		
1) Change	<u> </u>					
Add						
Remove						
2) Change	<u></u>					
Add						
Remove				,		
3) Change	···					
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4) Change						
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5) Change						
						
Add						
Remove						
6) Change		_				
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	ling additional Arti heets, if necessary).	(Be specific)			
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	rovides for an excl	hange, reclassific	ation, or cancella	tion of issued share	es <u>,</u>
If an amendment p	plementing the ame	endment if not co	ntained in the am	endment itself:	
provisions for imp					
If an amendment p provisions for imp (if not applicate	ble, indicate N/A)				
provisions for imp	ble, indicate N/A)				
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<u>provisions for imp</u>	ble, indicate N/A)				
provisions for imp	ble, indicate N/A)				
provisions for imp	ble, indicate N/A)				

The date of each amendm	
date this document was sign	
Tree	3/21/16
Effective date <u>if applicabl</u>	(no more than 90 days after amendment file date)
Note: If the date inserted document's effective date of	in this block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s) (<u>CHECK ONE</u>)
	were adopted by the shareholders. The number of votes cast for the amendment(s) /were sufficient for approval.
	were approved by the shareholders through voting groups. The following statement vided for each voting group entitled to vote separately on the amendment(s):
"The number of ve	otes cast for the amendment(s) was/were sufficient for approval
by	.,,
, <u> </u>	(voting group)
action was not required.	were adopted by the board of directors without shareholder action and shareholder were adopted by the incorporators without shareholder action and shareholder
action was not required.	
0 Dated	3/21/16
Signaturo	
Ü	(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)
	SERGIO F TORRES
	(Typed or printed name of person signing)
	CPA
	(Title of person signing)