D16000009191

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
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S TALLENT MAY 29 2018

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May 15, 2018

VICTOR MOYANO FLORIDA KLEEN SERVICES, INC 18576 WOODSTREAM DR BOCA RATON, FL 33498

SUBJECT: FLORIDA KLEEN SERVICES, INC

Ref. Number: P16000009191

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

PLEASE COMPLETE PAGE 4 OF 4 AND RETURN WITH THE \$10.00 CHECK.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent Regulatory Specialist II

Letter Number: 618A00010093

DOLLAR TO DO DON COOL BUILDED IN 1991



April 27, 2018

VICTOR MOYANO FLORIDA KLEEN SERVICES, INC 18576 WOODSTREAM DR BOCA RATON, FL 33498

SUBJECT: FLORIDA KLEEN SERVICES, INC

Ref. Number: P16000009191

We have received your document for FLORIDA KLEEN SERVICES, INC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent Regulatory Specialist II

THAT IL PH 1: 05
SECRETARY OF STATE
TALLAHASSEE, FRODE

Letter Number: 118A00008736

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ation: Florida	Kleen Service	.es
DOCUMENT NUMBI	er: P1600000	9191	
	f Amendment and fee are su		
Please return all corresp	ondence concerning this ma	tter to the following:	
_	Victor Mo	Yano Name of Contact Person Kleen Serv Firm/ Company	
		Name of Contact Person	n
_	Florida	Kleen Serv	rices
		Firm/ Company	
_	18576 Woo Boca Raton	dstream Dr	^
	_	Address	
_	Boca Raton	FL 3349	8
		City/ State and Zip Code	e e
	Ctmvictor 1190 E-mail address: (to be us	o @ gmail. c	om /
	concerning this matter, pleas		
Victor No	yano	at (561) 808 6682 de & Daytime Telephone Number
Name of	Contact Person	Area Co	de & Daytime Telephone Number
	the following amount made		
S35 Filing Fee	□S43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ng Address		Address
	idment Section ion of Corporations		Iment Section on of Corporations
	on of Corporations		Duilding

Taliahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Florida Kleen Services, Inc	
(Name of Corporation as currently file	ed with the Florida Dept. of State)
P16000009191	
(Document Number of Co	rporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Flor</i> its Articles of Incorporation:	cida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co" word "chartered," "professional association," or the abbreviation "P.A.	. A professional corporation name must contain the
B. Enter new principal office address, if applicable:	18576 Woodstream Dr
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Boca Raton FL
	33498
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	18576 Woodstream Dr Boca Raton FL
<u>-</u>	33498
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	
Name of New Registered Agent Victor Moyo	T T T
18576 Wood (Florida street a	stream Dr Boca Raton FL 3349
New Registered Office Address: Boca Rate	on
(Ciț	(Lip Coae)
LIDYON O	and accept the obligations of the position.
Signature of New Regis	fered 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	PT	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

	icles, enter change(s) here: (Be specific)
_	
· -	
f an amandmant neovidae for an aveh	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) ad	lantion:	4-18-18		, if other than th
late this document was signed.				, it other than th
Effective date <u>if applicable</u> :		an 90 days after amendment		
	(no more th	ian 90 days after amendment	file date)	
Note: If the date inserted in this blocument's effective date on the De		· · · · · · · · · · · · · · · · · · ·	quirements, this date will	not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)			
The amendment(s) was/were ado by the shareholders was/were su	. ,	The number of votes cast fo	or the amendment(s)	
☐ The amendment(s) was/were app must be separately provided for				
"The number of votes east	for the amendment(s) was	s/were sufficient for approva	1	
by			.,	
	(voting group)			
☐ The amendment(s) was/were ado action was not required.	pted by the board of direc	ctors without shareholder act	ion and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators	without shareholder action a	and shareholder	
Dated 5	-21-18			
				
Signature	A HOPANO	officer – if directors or offic		_
		in the hands of a receiver, true		
appoint	ed fiduciary by that fiduc	•		
·	Victor Mo	Y a No		
	(Typed or prii	nted name of person signing)		
		Provident		
	Γ)	(itle of person signing)		