## P16000026498

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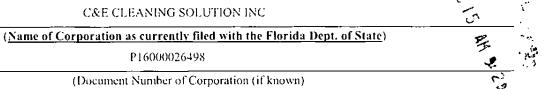
## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR.	ATION: C&E CLEANING	SOLUTION INC	
DOCUMENT NUMBI	P16000026498		
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
		CELIA PORTILLO	
_		Name of Contact Person	n
	(	C&E CLEANING SOLUTI	ON INC
		Firm/ Company	
		315 NORTH EMORY AV	ENUE
<del></del>		Address	
		KISSIMMEE, FL 34741	l
<del>-</del>		City/ State and Zip Cod	<u>e</u>
	C.ECL	EANINGSOLUTIONS@C	OUTLOOK.COM
		sed for future annual report	
	concerning this matter, pleas		443-1150
Name of	Contact Person	Area Co	) 443-1150 de & Daytime Telephone Number
Enclosed is a check for	the following amount made		
S35 Filing Fee	☐S43.75 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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			

## Articles of Amendment Articles of Incorporation

of



ent(s) to

its Articles of Incorporation:	ma af tha aarmaratians		
A. If amending name, enter the new na	me of the corporation:		
			The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associat	ation "Corp," "Inc," o	r "Co" A professional	incorporated or the appreviation corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		315 NORTH EMO	DRY AVENUE
		KISSIMMEE, FL 34741	
			···
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		PO BOX 451083	
		KISSIMMEE, FL	34745
		<del> </del>	
D. If amending the registered agent annew registered agent and/or the new			the name of the
Name of New Registered Agent		A PORTILLO	
<u>мате ој меж кедіметеа муст</u>	315 NORTH EMORY .	AVENUE	<u> </u>
	(Florida	street address)	
<u>New Registered Office Address</u>	KISSMMEE		, Florida 34741
BEN NEGISIETER OJJICE HUATESS.		(Cùy)	(Zip Code)
New Registered Agent's Signature, if ch			
I hereby accept the appointment as registe	ered agent. – Lam familie	ir with and accept the ob	bligations of the position.
a nereov accept the appointment as registi	етса адеті 1 ат јатиш	аг жин ана ассері іне оғ	nigations 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.

X Change	<u>PT</u>	<u>John Doe</u>	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	P	CELIA PORTILLO	315 NORTH EMORY AVENUE
XAdd			KISSIMMEE,FL 34741
Remove			<del>.</del>
2) Change	Р	CELIA FARFAN	315 NORTH EMORY AVENUE
Add			KISSIMMEE, FL 34741
X Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
, Add			
Remove			

. <u>If amending or adding additional Art</u> (Attach <i>additional sheets, if necessary</i> ).	(Be specific)
HANGE MY LAST NAME	
<del>-</del>	
. If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	endment it not contained in the amendment user:
	<u></u>

The date of each amendmen	
date this document was signed	
recension duante annula ablac	DECEMBEŘ 06, 2017
Effective date <u>if applicable</u> :	(no more than 90) days after amendment file date)
	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> )
	re adopted by the shareholders. The number of votes east for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):
"The number of vote	s cast for the amendment(s) was/were sufficient for approval
by	
	(voting group)
action was not required.	re adopted by the board of directors without shareholder action and shareholder re adopted by the incorporators without shareholder action and shareholder
action was not required.	
	EMBER 06, 2017
Dated Signature _	Suchia Portullo
(I s	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court popointed fiduciary by that fiduciary)
	CELIA PORTILLO
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)