P16000036902

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: NEW LOOK PRES	SURE CLEANING INC	
	BER: P16000036902		
The enclosed Articles	of Amendment and fee are sub	omitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
	PAMALA SAUNDERS		
		Name of Contact Person	1
		Firm/ Company	
	2051 SW 70TH AVE E-18		
		Address	
	DAVIE, FL 33317		
	Linging of the state of the sta	City/ State and Zip Code	e
PAM	I@DTBAGGERS.COM		
	E-mail address: (to be use	ed for future annual report	notification)
For further information	on concerning this matter, please	e call:	
PAMALA SAUNDE	RS	954 at (548-1824
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made p	ayable to the Florida Depa	artment 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
	endment Section		Iment Section
	rision of Corporations		on of Corporations
). Box 6327		Building
ıaı	lahassee, FL 32314	2001 E	xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

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NEW LOOK PRESSURE CLEANING INC

(Name	of Corporation as curren	tly filed with the Florida Dept. of State)	
P16000036902			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation adopts the fo	ollowing amendment(s) to
A. If amending name, enter the new na N/A	ame of the corporation:		771
	ation "Corp," "Inc," or	ion," "company," or "incorporated" or "Co". A professional corporation name "P.A."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		7040 SEMINOLE PRATT WHITNE	Υ
		SUITE 12	
		LOXAHATCHEE, FL 33470	7 - 17 - 17 - 17 - 17 - 17 - 17 - 17 -
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2051 SW 70TH AVE	10000000000000000000000000000000000000
		E-18	STORY OF THE
		DAVIE, FL 33317	70
D. If amending the registered agent an new registered agent and/or the new			200
Name of New Registered Agent	PAMALA SAUNDERS		
	2051 SW 70TH AVE E	-18	
	(Florida s	treet address)	
New Registered Office Address:	DAVIE	. Florida	3317
		(City)	(Zip Code)
New Registered Agent's Signature, if c	hanging Registered Ager	ıt:	
		r with and accept the obligations of the pos	sition.
	rele San	ndux-	
<u>v 0/1)</u>	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 Doe	
X Remove	<u>v</u>	Mike Jones	FILING CANCELLED
X Add	<u>sv</u>	Sally Smith	RETURNED CHECK
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u>T</u>	GIANNA DUYO	9S 18515 92ND LN N
Add			
X Remove			LOXAHATCHEE, FL 33470
2) Change		N/A	
Add			
Remove			
3) Change		N/A	N/A
Add			
Remove			
4) Change		N/A	N/A
Add			
Remove			
5) Change		N/A	N/A
Add			
Remove			
6) Change		N/A	N/A
Add			
Remove			

If amending or adding additional Artic (Attach additional sheets, if necessary).	
4	
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·	
	<u> </u>
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
1	
· · · · · · · · · · · · · · · · · · ·	

•	06/01/2016
The date of each amendment(s) a	doption:, if other than the
date this document was signed.	17014
Effective date if applicable:	RETURNED CHECK
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bedocument's effective date on the Do	plock does not meet the applicable statutory filing requirements, this date will not be listed as the epartment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.
	proved by the shareholders through voting groups. The following statement 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 N/A	"
- J	(voting group)
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder
06/01/2016 Dated	<u> </u>
selecte	director, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court
appoin	ted fiduciary by that fiduciary)
	CHASTITY BARRY
•	(Typed or printed name of person signing)
	PRESIDENT .
	(Title of person signing)