## P16000038727

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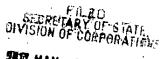
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: RP PRESSURE W	ASH CORP
<b>DOCUMENT NUMBER:</b> P16000038727	
The enclosed Articles of Amendment and fee are su	bmitted for filing.
Please return all correspondence concerning this mat	tter to the following:
ROBERTO PAZO	
	Name of Contact Person
RP PRESSURE WASH COR	RP
	Firm/ Company
4810 SW 152 PLACE UNIT	#F
<u></u>	Address
MIAMI, FL 33185	
	City/ State and Zip Code
200ED#05.470.000.464.477.V	
ROBERTOPAZO@COMCAST.NI	
E-mail address: (to be us	sed for future annual report notification)
For further information concerning this matter, pleas	se call:
MARIA ARGOTE	at (305 588-0038
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  S52.50 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



RP PRESSURE WASH CORP

_					1 4 1 12
217	MAY	-9	PM	5:	12

(Name of Corpor	ation as currently	y filed with the Florida Dept. of State)
P16000038727		••
(Doc	cument Number of	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	rida Statutes, this	Florida Profit Corporation adopts the following amendm
A. If amending name, enter the new name of the	e corporation:	
RP CLEANING & MAINTENANCE SERVICE C	CORP	The nev
name must be distinguishable and contain the v "Corp" "Inc.," or Co.," or the designation "Coword "chartered," "professional association." or t	orp," "Inc," or "(	n," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the P.A."
B. Enter new principal office address, if applica	ıhle•	N/A
(Principal office address MUST BE A STREET A		
C. Enter new mailing address, if applicable:		N/A
(Mailing address MAY BE A POST OFFICE	BOX)	N/A
D. If amending the registered agent and/or registered agent and/or the new registered agent and/or the new registered.		
N/A	ea office address.	<u>.</u>
Name of New Registered Agent	<u> </u>	
	(Di ) i	
N/A	(Florida stre	eet adaress)
New Registered Office Address:	·	, Florida
	(	(City) (Zip Code)
New Registered Agent's Signature, if changing F	Registered Agent:	<u>:</u>
I hereby accept the appointment as registered agen	t. I am familiar w	with and accept the obligations of the position.
. <u></u>	ignature of New R	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	PT	John Do	<u>e</u>		
X Remove	$\underline{\mathbf{v}}$	Mike Jo	<u>nes</u>		
X Add	<u>sv</u>	Sally Sn	<u>nith</u>		
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s	
1) Change	<del></del>	_			
Add					
Remove					
2) Change		_			_
Add					
Remove					
3) Change					
Add		<del>-</del>			
Remove					
4) Change		_			
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Remove					
5) Change		_			
Add	<del></del>	_	·		
Remove					
6) Change		<del></del>			
Add					
Remove					

(Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
I/A	
(if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
A	
A	
A	
Α	
A	
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'A	

The date of each amendment(s) a	doption:, if other than th
date this document was signed.	Y 04, 2017
Effective date if applicable:	
<del></del>	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the De	block does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adby the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient 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	.,,,
	(voting group)
☐ The amendment(s) was/were adaction was not required.	opted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adaction was not required.	opted by the incorporators without shareholder action and shareholder
MAY 04,	2017
Dated	Form lof on
(By a c	irector, 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 led fiduciary by that fiduciary)
	ROBERTO PAZO
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)