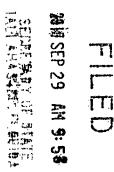
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TO: Amendment Section Division of Corporations

**1

NAME OF CORPOR	ATION: LOESCO CLEAN	ING INC				
DOCUMENT NUMB						
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.				
Please return all correspondence concerning this matter to the following:						
Ī	FARAH CRUZ					
-		Name of Contact Persor	. <u>-</u> 1			
1	FAIL SAFE ACCOUNTING LLC					
-		Firm/ Company				
2	20 S ROSE AVE SUITE 4					
_	Address					
	KISSIMMEE FL 34744					
-		City/ State and Zip Code	2			
FARA	H@FAILSAFETAX.COM					
	_	sed for future annual report	notification)			
For further information FARAH CRUZ	concerning this matter, pleas	se call: at (⁴⁰⁷	201-7988			
Name o	f Contact Person	at (Area Co) de & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department 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 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 Articles of Incorporation of

	mendment 🐞 🔨		
to Articles of Inc	corporation A.S. T.		
of	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
OESCO CLEANING INC	y filed with the Florida Dept. of State)		
(Name of Corporation as Current)	y fried with the Florida Dept. of State)		
	f Corporation (if known) Florida Profit Corporati		
Articles of Incorporation:	81.3/12/96		
If amending name, enter the new name of the corporation: /A			
ume must be distinguishable and contain the word "corporation Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or " ord "chartered," "professional association," or the abbreviation "	Co". A professional corporation name must contain the		
Enter new principal office address, if applicable: rincipal office address MUST BE A STREET ADDRESS)			
mepar office address meet be A STREET ADDRESS	INT 7205		
	WINDERMERE FL 34786		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2860 MIRELLA CT		
	INT 7205		
	WINDERMERE FL 34786		
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 N/A			
(Florida str	reet address)		
New Registered Office Address:	, Florida		
	(City) (Zip Code)		
ew Registered Agent's Signature, if changing Registered Agent wereby accept the appointment as registered agent. I am familiar w			

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	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	P	LAURA LOPEZ	2860 MIRELLA CT
Add			INT 7205
Remove			WINDERMERE FL 34786
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change		.	
Add			
Remove			
5) Change		-	
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: . (Attach additional sheets, if necessary). (Be specific)
EIN NUMBER IS 81-3622496

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A) N/A

	N/A	
The date of each amendment(s) adopton this document was signed.	ption:	, if other than the
date this document was signed. N/A		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blocument's effective date on the Depa	ck does not meet the applicable statutory filing requirements, this artment of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes cast for the amendm icient for approval.	.ent(s)
	oved by the shareholders through voting groups. The following stanch voting group entitled to vote separately on the amendment(s):	
"The number of votes east for	r the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
action was not required.	ed by the board of directors without shareholder action and shareh	
☐ The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareholder action and shareholde	श
Dated O 9 - 2	ector, president or other officer – if directors or officers have not b by an incorporator – if in the hands of a receiver, trustee, or other	
By a dire	ctor, president or other officer - if directors or officers have not b	een
	by an incorporator – if in the hands of a receiver, trustee, or other if iduciary by that fiduciary)	court
• •	• •	
	Laura LLOPES	
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing) Fresident	
	(Title of person signing)	