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TO: Amendment Section

Division of Corporations PRO STYLE CLEAN CORP NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **RENATO EUGENIO** Name of Contact Person DPRG ENTERPRISE CORP Firm/ Company 8424 COVENTRY PARK WAY Address WINDERMERE, FL 34786 City/ State and Zip Code BUSINESSFACTORYUSA@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: RENATO EUGENIO Name of Contact Person Area Code & 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 & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building

> 2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

PRO STYLE CLEAN CORP (Name of Corporation as currently filed with the Florida Dept. of State) P17000072301 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: RICARDI BERTON, ELSON Name of New Registered Agent 6965 PIAZZA GRANDE AVENUE STE 309 (Florida street address) **ORLANDO** New Registered Office Address: (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. egistered 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	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P	SILVA ALVES, ESTEFANIA	6965 PIAZZA GRANDE AVE
Add X Remove			STE 309 - ORLANDO, FL 32835
2) Change	P	RICARDI BERTON, ELSON	6965 PIAZZA GRANDE AVE
X Add			STE 309 - ORLANDO, FL 32835
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

amending or adding additional Ar tach additional sheets, if necessary).	. (Be specific)	
		
		
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		<u>. ,</u>
<u> </u>		
t an amandarant manufatas for an ar	schange, reclassification, or cancellation of issued shares,	
orovisions for implementing the an	nendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		

•	09/25/2017	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.		
_	9/25/2017	
Effective date <u>if applicable</u> : _	() 1 00 1 6 1 (01 1)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date will no Department of State's records.	ot be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
•	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
09/25/2	017	
Dated Signature	Esicuploes	-
(Ву	a director, president or other officer - if directors or officers have not been	
	cted, by an incorporator - if in the hands of a receiver, trustee, or other court	
арр	ointed fiduciary by that fiduciary)	
	SILVA ALVES, ESTEFANIA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	