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## COVERLETTER

Division of Corporations
NAME OF CORPORATION: High TOP Quality Cleaning Services Incomment number: P17000076486
DOCUMENT NUMBER: F 1000 16 7 6 0
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MAlike RASheem Moody
MAIIKE RASHEEM MOODLY  Name of Contact Person  High Top Quality Cleaning Services Inc  Firm/ Company
4534 FRISCO CIT.
/toutess
OKIANDO I-L 3 2808  City/ State and Zin Code
High TOP Quality CS (4) Grandil Com  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MAILE R N/00 Dy at (727) 520-2083  Name of Contact Person Area Code & Daytime Telephone Number
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:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

Division of Corporation P.O. Box 6327
Tallahassee, FL 32314

	Articles of Amendment	~ ·
•	to Articles of Incorporation	<b>B</b>
- 20	of _	<u> </u>
	Heaning Services	
<del></del>	oration as currently filed with the Flo	rida Dept, of State)
P17000	0076486	
(D	ocument Number of Corporation (if kno	own)
tursuant to the provisions of section 607.1006, Flas Articles of Incorporation:	lorida Statutes, this Florida Profit Corp.	oration adopts the following amendment(s)
a. If amending name, enter the new name of t	he corporation:	
		The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Good "chartered," "professional association," or	Corp, " "Inc," or "Co". A professiona r the abbreviation "P.A."	
B. Enter new principal office address, if applie Principal office address <u>MUST BE A STREET</u>		
	•	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u></u>	<del></del>
		<u></u>
	<del></del> -	
<ol> <li>If amending the registered agent and/or registered agent and/or the new register.</li> </ol>		r the name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
	Decision de America	
New Registered Agent's Signature, if changing hereby accept the appointment as registered age		obligations of the position.
		- ·
<del></del>		
	Signature of New Registered Agent, if c	hanging

address of each Officer (Attach additional sheets Please note the officer/dip = President; V = Vice Executive Officer; CFO held. President, Treasure Changes should be noted	and/or Director I  i, if necessary)  irector title by the J  President: T= Tre  = Chief Financial  er, Director would  I in the following r  eves the corporation	neing added:  first letter of the office title:  tasurer; S= Secretary; D= Director; TR= Tasurer; If an officer/director holds more  be PTD.  the nanner. Currently John Doe is listed as the  ton, Sally Smith is named the V and S. These  SV as an Add.	Provider of the provider of th
X Remove	<u>V</u> <u>Mike J</u>	<u>ones</u>	
X Add	<u>SV</u> <u>Sally S</u>	<u>mith</u>	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	CEOD	MAlike MOODY	4534 FRISCO, CIR DRIANDO, FZ, 32808
Remove			
2) Change	<u> </u>	MARION Bean	Delando, FL, 32808
Remove  3) Change  ———————————————————————————————————	_ <i>D</i>	BUZT MURRAY	2266 OKADA CT. ORLANDO, FL. 32818
Remove  4) Change Add	CF0	JANA DANIEL	2205 Villano Ave ORlando, FL, 32808
Remove  5) Change Add	C	Neilson Branford	740 Windows Dr.
Add Remove  6) Change	T	Curt A. Branford	Orlando, FL, 32824
Add Remove			Orlando FL 32834
DXADD -	TR	GABriela, SA	Y 1734 WOOD Violet, Dr. ORIMDO, FL, 32824

Attach additional shee	ts, if necessary). (	(Be specific)	•		
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f an amendment prov provisions for implem (if not applicable,	menting the amendi	ge, reclassification	on, or cancellation ined in the amend	of issued shares, ment itself:	
		-			
<del>-</del>					

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after umendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wil document's effective date on the Department of State's records.	I not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 12-28-2017  Signature 4612	
Signature (By a director, president or other officer – if directors or officers have not been	_
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
(Title of person signing)	
(Title of person signing)	