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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Clean Out and Ser	vice Expert Inc	
DOCUMENT NUME	P17000079877	***	
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.	
Please return all corres	pondence concerning this ma	itter to the following:	
	Wistong Suarez		
	 -	Name of Contact Perso	<u> </u>
	Clean Out and Service Exper	rt Inc	
	·	Firm/ Company	
	4111 SW 102 CRT	Time Company	
		Address	
	Miami, Florida 33165		
		City/ State and Zip Cod	c
wv-su	arez18@hotmail.com		
	-	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Wistong Saurez		305	878-3192
Name c	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 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)
Ame Divi P.O.	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		lment Section on of Corporations Building

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

FILED 17 OCT 20 AH 10: 42

to

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Clean Out and Service Expert Inc		SECRETARY OF SAME TRUE ARASSE FESHIOA
(Name of Co.	rporation as curren	ntly filed with the Florida Dept. of State)
P17000079877		
	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	, Florida Statutes, thi	is Florida Profit Corporation adopts the following amendments
A. If amending name, enter the new name o	f the corporation:	
Garden Genius Corp.		The new
	"Corp," "Inc," or	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if app		4111 SW 102 CRT
(Principal office address MUST BE A STREE		Miami, Florida 33165
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Remain the same
D. If amending the registered agent and/or new registered agent and/or the new reg		
	nain the same	
	(Florida .	street address)
New Registered Office Address:		(City) (Zip Code)
		•
New Registered Agent's Signature, if change I hereby accept the appointment as registered		nt: r with and accept the obligations of the position.
 		
	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.

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>Titie</u>	Name	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change	_		
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	les, enter change(s) he	<u></u> -		
, cases decembrate meets, y necessary.	(Be specific)			
				
				
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Lan amandment provides for an each	man reclassification o	or cancellation of issu	red shares	
If an amendment provides for an exch.	inge, reclassification, o	or cancellation of issue	<u>red shares,</u> tself:	
provisions for implementing the amer	inge, reclassification, of diment if not contained	r cancellation of iss lin the amendment	<u>red shares,</u> <u>tself:</u>	
f an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassification, o Idment if not contained	r cancellation of iss in the amendment	<u>ued shares,</u> <u>tself:</u>	
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provisions for implementing the amer	ange, reclassification, o	or cancellation of iss	ted shares, tself:	

The date of each amendment(s) adoption:
date this document was signed.
Effective date if applicable:
(no more than 90, days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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 east for the amendment(s) was/were sufficient for approval
by
(voting group)
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.
10/11/2017
Dated /0///30/
Signature
(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)
WISTONG SUAREZ
(Typed or printed name of person signing)
DIRSIDEM
(Title of person signing)