P1700085388

(Requestor's Name)			
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR		SOLUTION CORP			
DOCUMENT NUMBER:					
The enclosed Articles	of Amendment and fee are sul	omitted for filing.			
Please return all corres	pondence concerning this mat	ter to the following:			
		Angel Cespedes			
•	Name of Contact Person				
	Firm/ Company				
	3700 nw 62nd Avenue Apt 205				
	Address				
	Vii	rginia Gardens, FL 33166			
·		City/ State and Zip Cod	<u> </u>		
	ang	gelcespedes2@aol.com	,		
<u></u>	_	ed for future annual report	notification)		
For further information	concerning this matter, please	e call:			
Angel Cespedes		786 at (760-0317) _		
Name o	f Contact Person	at () Area Code & Daytime Telephone Number			
Enclosed is a check for	the following amount made p	ayable to the Florida Depa	urtment 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 to Articles of Incorporation of CLEAN SYSTEM SOLUTION CORP

(Name of Corporation as currently filed with the Florida Dept. of State) P17000085388 (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: ZEUS SYSTEM SOLUTION CORP ✓ 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." N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (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: N/A Name of New Registered Agent (Florida street address) N/A New Registered Office Address: Florida (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.

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 un 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: XChange	<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) Change	N/A		
Add			
Remove			
2) Change	N/A		
Add			
Remove . 3) Change	N/A		
Add			
Remove			
4) Change	N/A		
Add			
Remove			
5)Change	N/A		
Add			
Remove			
6) Change	N/A		
Add			
Remove			

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
N/A	(be specific)
F. If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
N/A	
Was a state of the	
	att transfer to the state of th

04/03/2018	
The date of each amendment(s) adoption: date this document was signed.	, if other than the
04/03/2018	
Effective date if applicable: (no more than 90 a	ays after amendment file date)
Note: If the date inserted in this block does not meet the applicab document's effective date on the Department of State's records.	le statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The numby the shareholders was/were sufficient for approval.	umber of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders throug must be separately provided for each voting group entitled to vot	
"The number of votes cast for the amendment(s) was/were s	ufficient for approval
by(voting group)	."
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors wi action was not required.	thout shareholder action and shareholder
■ The amendment(s) was/were adopted by the incorporators withou action was not required.	t shareholder action and shareholder
04/03/2018	
Dated	
Signature Augel Croade	3
(By a director, president or other officer	
selected, by an incorporator — if in the hamber in the hamber appointed fiduciary by that fiduciary)	ands of a receiver, trustee, or other court
Angel Ces	pedes
(Typed or printed nar	ne of person signing)
Pre	sident
(Title of p	person signing)