## P1800008367

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

	ATION: <u>COMPLETE</u> ER: <u>P180000</u>	E CLEANING EXPERTS, INC.					
The enclosed Articles (	of Amendment and fee are su	bmitted for filing.					
Please return all correspondence concerning this matter to the following:							
-	OHAE	A TOMMIE  Name of Contact Person					
		Name of Contact Person					
-	COMPLET	E CLEANING EXPERTS, INC.					
-	3433 SALLIE	E CLEANING EXPERTS, INC Firm/Company E CHUPED TOMMIE WAY Address					
FORT PIERCE FL 34945  City/ State and Zip Code							
		City/State and Zip Code					
Charatommie a att. net  E-mail address: (to be used for future animal report notification)							
For further information concerning this matter, please call:							
O'HARA	TOMMIE Contact Param	at ( 305 ) 824 - 7513  Area Code & Daytine Telephone Number					
rane o	i Contact r eism	Area Code & Daytine 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)  □\$552.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)					
Mailing Address Street Address							
Amendment Section		Amendment Section					
Division of Corporations Division of Corporations							
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle							
1 41141	mannee, I to Paul 199	2001 GACCHING CORREL CHOIC					

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

COMPLETE CLEANING E	PERTS, NC. filed with the Florida Dept. of State)
(Name of Corporation as currently	filed with the Florida Dept. of State)
118000009367	
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this $F$ its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
COMPLETE PROPERTY	FXOFOTS NC. The way
name must be distinguishable and contain the word "corporation." "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or "Coword "chartered." "professional association," or the abbreviation "P.	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	<b>&gt;</b> :2 ∞
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 new registered agent and/or the new registered office address:	SSEE TOTAL TO THE SSEE TO THE
Name of New Registered Agent	
(Florida stree	1 address)
New Registered Office Address:	, Florida
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent.—I am familiar wit	th and accept the obligations of the position.
Signature of New Reg	gistered 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 Do	<u>xc</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
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).	i <u>cles, enter change(s) here</u> :  (Be specific)
· · · · · · · · · · · · · · · · · · ·	<del>-</del> .
•	
·	
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:

The date of each amendment(s) adoption: date this document was signed.	January	24,	2018	, if other than th
Effective date if applicable:	October	<u> </u>	2018	
	(no more than 90 day	s after ameno	lment file date)	
Note: If the date inserted in this block does a document's effective date on the Department of		statutory filit	ng requirements, thi	is date will not be listed as the
Adoption of Amendment(s) (CI	IECK ONE)			
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for		ther of votes o	ast for the amendm	ent(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting				
"The number of votes east for the ame	endment(s) was/were suff	ficient for app	oroval	
by	-			
(vo	ting group)			
The amendment(s) was/were adopted by the action was not required.	board of directors with	out sharehold	er action and shareh	nolder
☐ The amendment(s) was/were adopted by the action was not required.	incorporators without s	hareholder ac	tion and shareholde	:г
Dated October	1, 2018	_		
Signature	Hara 7	mure	L.	
(By a director, presselected, by an inc	sident or other officer – orporator – if in the hand y by that fiduciary)	if directors or	officers have not b	
	O Unen	Tomo	416	
	(Typed or printed name			
	OFFICE	e Direction (Son signing)	TOR	
	(Title of per	son signing)	- · · · · · · · · · · · · · · · · · · ·	<del></del> . <del></del>