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Office Use Only



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COVER LETTER

FILEB SECRETARY OF SHAPE DEVISION OF CORPORATION

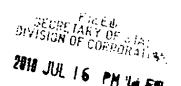
TO: Amendment Section Division of Corporations

2878 JUL 16 PH 14 58

NAME OF CORPOR	ATION: MC2 CLEANING	G SERVICES INC			
DOCUMENT NUMB	ER: P18000011353				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	CESAR OSTOS				
		Name of Contact Persor	1		
		Firm/ Company			
	2751 S CHICKASAW TRAIL STE 106				
•	ORLANDO FL 32829	Address			
		City/ State and Zip Code	2		
aug	ustoss13@hotmail.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
CESAR OSTOS		305	515-0475		
Name o	f Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	ertment 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)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FI. 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation



MC2 CLEANING SERVICES INC

P18000011353	ly filed with the Florida Dept. of State)
(Document Number o	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this ts Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or ' word "chartered," "professional association," or the abbreviation '	"Co". A professional corporation name must contain the
3. Enter new principal office address, if applicable:	N/A
Principal office address MUST BE A STREET ADDRESS)	
	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:	NIA
(Mailing address MAY BE A POST OFFICE BOX)	N/A
	
 If amending the registered agent and/or registered office add new registered agent and/or the new registered office address 	
N/A	<u>5.</u>
Name of New Registered Agent	
(Florida st	reet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent	
hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.
Come	-
Signature of New I	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>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	MARESSA LAMOURT	2751 S CHICKASAW TRAIL
Add			STE 106, ORLANDO FL 32829
X 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).	
/A	
•	
· · · · · · · · · · · · · · · · · · ·	
	•
If an amendment provides for an exc	change, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
/A	
	·=·
	That I
··· -	
<u>-</u>	

	06/25/2018	, if other than the
The date of each amendment(s) at date this document was signed.	toption:	A other than the
•	25/2018	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blocument's effective date on the De	lock does not meet the applicable statutory filing requirements, the partment of State's records.	is date will not be listed as the
adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendm flicient for approval.	nent(s)
The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	itement
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	opted by the board of directors without shareholder action and shareholder by the incorporators without shareholder action and shareholder	
06/25/20	118	
Dated		
Signature	Cesar Ostos	
(By a d	irector, president or other officer – if directors or officers have not bil, by an incorporator – if in the hands of a receiver, trustee, or other ted fiduciary by that fiduciary)	
	CESAR OSTOS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

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