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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	PERFECT POLISH CLEANING SERVICE INC					
OCUMENT NUMBER: P18000014406						
The enclosed Articles of Amendme	nt and fee are submitted for filing.					
Please return all correspondence co	ncerning this matter to the following:					
	Gregory T Lecki					
	Name of Contact Person					
	Clean Allies Inc					
	Firm/ Company					
	12157 W. Linebaugh Ave. # 395					
	Address					
	Tampa, FL 33626					
***************************************	City/ State and Zip Code					
	cleanallies@gmail.com					
E-mail	address: (to be used for future annual report notification)					
For further information concerning	this matter, please call:					
Gregory T Lecki	rson Area Code & Daytime Telephone Number					
Name of Contact Pe	rson Area Code & Daytime Telephone Number					
Enclosed is a check for the following	g amount made payable to the Florida Department of State:					
	5 Filing Fee & S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)					
Mailing Address Amendment Sect Division of Corpe P.O. Box 6327 Tallabassee, F. 3	on Amendment Section prations Division of Corporations Clifton Building					

Tallahassee, FL 32301

FILED .___

Articles of Amendment Articles of Incorporation

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of SE き 込む 季報 STATE PERFECT POLISH CLEANING SERVICE INC!! 本版本の機構をLO20日本

(Name of Corporation as currently filed with the Florida Dept. of State) P18000014406 (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: Clean Allies Inc 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." 12157 W. Linebaugh Ave # 395 B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: 12157 W. Linebaugh Ave. # 395 (Mailing address MAY BE A POST OFFICE BOX) Tampa, FL 33626 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: Name of New Registered Agent (Florida street address) , Florida_ 12157 W. Linebaugh Ave. # 395 New Registered Office Address: (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 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.

Example: X Change	<u>PT</u>	John Doe				
X Remove	$\underline{\mathbf{v}}$	Mike Jones				
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	Title	Nam	<u>e</u>		<u>Addres</u> s	
I) Change		 				
Add						
Remove						
2) Change		. <u> </u>				
Add						***
Remove						
3) Change						.
Add						
Remove						
4) Change						
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Remove						
5) Change				 		
Add						
Remove						
6) Change						
Add						
Remove						-

Attach <i>additio</i>	r adding additional Articles, enter change(nal sheets, if necessary). (Be specific)		
.			
<u> </u>			
provisions fo	ent provides for an exchange, reclassification in the content of t	on, or cancellation of issued shares, ained in the amendment itself:	

The date of each amendment(s) addate this document was signed.	option:	, if other than the
0	4/24/2018	
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date partment of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado by the shareholders was/were sur	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	roved by the shareholders through voting groups. The following statement 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	(voting group)	
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
04/24/2 Dated	018	
Signature	Ca	
(By a di se <u>lecte</u> d	rector president or other officer if directors or officers have not been , by an incorporator if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	Gregory T Lecki	
•	(Typed or printed name of person signing)	
	Registered Agent	
-	(Title of person signing)	