P18000047673

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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	ORATION: MY PRESSURE O	CLEANING SERVICES IN	IC
DOCUMENT NUM	P18000047673		
The enclosed Article	es of Amendment and fee are su	bmitted for filing.	
Please return all corr	respondence concerning this ma	tter to the following:	
	JOSUE CHIQUILLO		
	 	Name of Contact Person	1
	MY PRESSURE CLEANING	G SERVICES INC	
		Firm/ Company	
	9210 FONTAINEBLEAU BLVD #505		
	Address		
	MIAMI FL 33172		
		City/ State and Zip Code	e
	JJMYPRESSURECLEANIN	IG@GMAIL COM	
		sed for future annual report	notification)
	2	oca for fatare annual report	nonneamon)
For further informati	ion concerning this matter, pleas	se call:	
JOSUE CHIQUILL	o	at (⁷⁸⁶	2965096
Namo	e 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)
Mailing Address Amendment Section Division of Corporations		Amend Divisio	Address ment Section n of Corporations
P.(D. Box 6327	The Centre of Tallahassee	

2415 N. Monroc Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

MY PRESSURE CLEANING SERVICES, INC.

(Name of Corporation as cu	irrently filed with the Florida Dept. of Stat	<u>e</u>)
P1800	00047673	
(Document Nur	mber of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	es, this Florida Profit Corporation adopts the	following amendment(s) to
A. If amending name, enter the new name of the corporati	ion:	
	·	The new
name must be distinguishable and contain the word "corporation". Inc., " or Co., " or the designation "Corp," "Inc," or "C "chartered," "professional association," or the abbreviation	To". A professional corporation name mu	pbreviation "Corp.,"
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u>))	
		=
		
C. Enter new mailing address, if applicable:		<u>.</u>
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
		<u>:</u>
D. 16		
 If amending the registered agent and/or registered office new registered agent and/or the new registered office ac 		<u> </u>
Names of New Pagistanted Towns		
Name of New Registered Agent		
(Ela	rida street address)	
	rua sireel aduressy	
New Registered Office Address:	, Florida (City)	(Zip Code)
	18 7,00	12.17
New Registered Agent's Signature, if changing Registered		
I hereby accept the appointment as registered agent. I am fan	miliar with and accept the obligations of the p	position.
Signature of	New Registered Agent, if changing	
Check if applicable		
☐ The amendment(s) is/are being filed pursuant to s. 607.0120	0 (11) (e). F.S.	

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)

Example:

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	PT	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		RODRIGUEZ, JIANUZZI D	9210 FONTAINEBLEAU BLVD	
Add			#505 MIAMI FL 33172	
X Remove				
2) Change				
Add				
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

2 ,,	(Be specific)
C	
If an amendment provides for an exchange provisions for implementing the ame	endment if not contained in the amendment itself:
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
provisions for implementing the ame	endment if not contained in the amendment itself:
provisions for implementing the ame	endment if not contained in the amendment itself:
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If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
provisions for implementing the ame	endment if not contained in the amendment itself:

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	27/2020
I'he date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not document's effective date on the Department of S	t meet the applicable statutory filing requirements, this date will not be listed as the state's records.
Adoption of Amendment(s) (CHE	ECK ONE)
The amendment(s) was/were adopted by the ir action was not required.	neorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the sl by the shareholders was/were sufficient for ap	hareholders. The number of votes cast for the amendment(s) oproval.
	shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
"The number of votes cast for the amend	Iment(s) was/were sufficient for approval
by	"
	ng group)
07/07/2020 Dated	
	ent or other officer – if directors or officers have not been porator – if in the hands of a receiver, trustee, or other court by that fiduciary)
JOSUE CHIO	QUILLO
(T	yped or printed name of person signing)
PRESIDENT	
	itle of person signing)