# P18000061524

| (Re                     | questor's Name)  |             |
|-------------------------|------------------|-------------|
| (Ada                    | dress)           |             |
| (Adı                    | dress)           |             |
| (Cit                    | y/State/Zip/Phon | e #)        |
| PICK-UP                 | ☐ WAIT           | MAIL        |
| (Bu:                    | siness Entity Na | me)         |
|                         |                  |             |
| (Do                     | cument Number)   | )           |
| Certified Copies        | _ Certificate    | s of Status |
| Special Instructions to | Filing Officer:  |             |
|                         |                  |             |
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|                         |                  |             |
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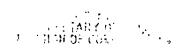


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PAIR SEP 26 PH 148 85





#### **COVER LETTER**

2878 SEP 26 PH 44 86

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Clean The World Ventures, Inc.

DOCUMENT NUMBER: P18000061524

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

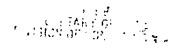
|                            | Michael A. O'Quin   | n   |   |                    |                  |
|----------------------------|---|---|---|--------------------|------------------|
|                            |   | Name of Conta   | et Person   |                    |                  |
|                            | Fowler, OQuinn, Feene   | y, &Sneed   |   |                    |                  |
|                            |   | Firm/ Com   | pany  |                    |                  |
|                            | 28 West Central Blvd, S   | Suite 400   |   |                    |                  |
|                            |   | Addres  | S   |                    |                  |
|                            | Orlando, FL 3   | 32801   |   |                    |                  |
|                            |   | City/ State and   | Zip Code  |                    |                  |
|                            |   |   |   |                    |                  |
| oquinn                     | @cleantheworld.com  |   |   |                    | <u></u>          |
|                            | E-mail address:   | (to be used for futu  | re annual report notification)                            |                    |                  |
| For further information co | oncerning this matter, plea   | se call:  |   |                    |                  |
| Ken Parker                 | _ (409) 782-6793  |   |   |                    |                  |
|                            | Contact Person  |   | Area Code & Daytime Telep                                 | hone Number        |                  |
| Enclosed is a check for th | e following amount made   | payable to the Flor   | ida Department of State:                                  |                    |                  |
|                            | □\$43.75 Filing Fee<br>Certificate of Status<br>(Additional copy is | & \$\Bigsiz \\$43.75 \text{ Filing 1} \\ Certified Copy \\ Certified Copy | Fee & 🗆\$52.50 Filing Fee  Certificate of S  is enclosed) | tatus<br>enclosed) | (Additional Copy |

**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 The World Ventures, Inc.

2018 SEP 26 PA 15 66

| (Name of Corporation as currently f  | iled with the Fi  | lorida Dept. of      | State)             |                 |                   |
|--|-------------------|----------------------|--------------------|-----------------|-------------------|
| P18000061524   |                   |                      |                    |                 |                   |
| (Document Number of  | f Corporation (if | f known)             |                    |                 |                   |
| Pursuant to the provisions of section 607.1006, Florid Incorporation:  | la Statutes, this | corporation ad       | opts the following | ; amendment(s)  | to its Articles o |
| A. If amending name, enter the new name of the   | corporation:      |                      |                    |                 |                   |
| n/a  |                   |                      |                    |                 | The new name      |
| must be distinguishable and contain the word "corpo<br>or Co.," or the designation "Corp," "Inc," or "Co".<br>"professional association," or the abbreviation "P.A | A professional    |                      |                    |                 |                   |
| B. Enter new principal office address, if applicab   | ole:              | n/a                  |                    |                 |                   |
| (Principal office address <u>MUST BE A STREET AD</u>   | DRESS )           |                      |                    |                 |                   |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Be  |                   | ress in Florida      | a, enter the name  | e of the        |                   |
| new registered agent and/or the new registere  |                   |                      | ,                  |                 |                   |
| Name of New Registered Agent   | n/a               |                      |                    |                 |                   |
|  | (Florida si       | reet address)        |                    |                 |                   |
| New Registered Office Address:   |                   | <del> </del>         | , Florida          |                 |                   |
|  | (City)            | ,                    |                    | (Zip Code)      |                   |
| New Registered Agent's Signature, if changing Re   |                   |                      |                    |                 |                   |
| I hereby accept the appointment as registered agent.   | I am familiar v   | with and accept      | the obligations o  | f the position. |                   |
| Signature of N   | lew Registered A  | <br>Igent, if changi | ing                |                 |                   |

## 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                      | <u>V</u>     | Mike Jones  |                 |
| X Add                         | <u>sv</u>    | Sally Smith |                 |
| Type of Action<br>(Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change                     | <del>_</del> | <del></del> | <del></del>     |
| Add                           |              |             |                 |
| Remove                        |              |             |                 |
| 2) Change                     | _            |             |                 |
| Add                           |              |             |                 |
| Remove                        |              |             |                 |
| 3) Change                     |              |             |                 |
| Add                           |              |             |                 |
| Remove                        |              |             |                 |
| 4) Change                     | <del>_</del> |             | <del> </del>    |
| Add                           |              |             |                 |
| Remove                        |              |             |                 |
| 5) Change                     | _            |             |                 |
| Add                           |              |             |                 |
| Remove                        |              |             |                 |

| ).       | ORIDA PROFIT BENEFIT CORPORATION OPTIONS, IF APPLICABLE:   |  |  |  |  |  |
|----------|--|--|--|--|--|--|
|          |  |  |  |  |  |  |
|          | The corporation, in accordance with the required minimum status vote, elects to be a Florida Profit Benefit Corporation  |  |  |  |  |  |
|          | accordance with s. 607.604, F.S.   |  |  |  |  |  |
|          | The purpose for which the benefit corporation is organized is to create a general public benefit and:  |  |  |  |  |  |
|          |  |  |  |  |  |  |
| re<br>su | To support the efforts of Clean The World Foundation, Inc. to (a) collect, sanitize, and   |  |  |  |  |  |
|          | recycle hygene and other products discarded by the hospitality industry and others, (b)  |  |  |  |  |  |
|          | supply those products to those in need and who would otherwise suffer from illness and   |  |  |  |  |  |
|          | mortality due to diseases that can be prevented by the availability and application of   |  |  |  |  |  |
|          | proper hygene products and education, and (c) prevent needless landfill waste and  |  |  |  |  |  |
|          | environmental damage that would otherwise result from these discarded items.   |  |  |  |  |  |
|          | The general and/or specific public benefit(s) to be created by the corporation (in addition to its general purpose) is/are follows (optional):   |  |  |  |  |  |
|          | Principa attention to the ampleyment of systemable business models in the process of   |  |  |  |  |  |
|          | Bringing attention to the employment of sustainable business models in the process of olving social and environmental ills, incorporating entrepreneurial spirit and   |  |  |  |  |  |
|          | innovation into the marketplace that serves the needy, poor, impoverished, under-  |  |  |  |  |  |
|          | served, abused, and homeless populations of Florida, the United States and the world at  |  |  |  |  |  |
|          |  |  |  |  |  |  |
|          | large, and providing consulting, infrastructure, advice, training, support, and staffing to other cause-based organizations that are committed to solving social and environmental   |  |  |  |  |  |
|          |  |  |  |  |  |  |
|          | No. 11 to 1  |  |  |  |  |  |
| 1        | 'he additional qualifications of Benefit Director(s), if any, are as follows: n/a  |  |  |  |  |  |
| 1        |  |  |  |  |  |  |
| 1        | The name(s) and address(es) of the Benefit Director(s) and/or Benefit Officer(s), if any:  |  |  |  |  |  |
| 1        | The name(s) and address(es) of the Benefit Director(s) and/or Benefit Officer(s), if any:  Name and Title: Shawn M. Seipler. President and CEO   |  |  |  |  |  |
| 1        | The name(s) and address(es) of the Benefit Director(s) and/or Benefit Officer(s), if any:  Name and Title: Shawn M. Seipler. President and CEO  2544 East Landstreet Road, Suite 600   |  |  |  |  |  |
| 1        | The name(s) and address(es) of the Benefit Director(s) and/or Benefit Officer(s), if any:  Name and Title: Shawn M. Seipler. President and CEO   |  |  |  |  |  |
| 1        | The name(s) and address(es) of the Benefit Director(s) and/or Benefit Officer(s), if any:  Name and Title: Shawn M. Seipler. President and CEO  2544 East Landstreet Road, Suite 600  Orlando, FL 32824  The corporation, in accordance with the required minimum status vote, terminates its status as a Florida Profit Benefit |  |  |  |  |  |
| 1        | The name(s) and address(es) of the Benefit Director(s) and/or Benefit Officer(s), if any:  Name and Title: Shawn M. Seipler. President and CEO  2544 East Landstreet Road, Suite 600  Orlando, FL 32824  The corporation, in accordance with the required minimum status vote, terminates its status as a Florida Profit Benefit |  |  |  |  |  |
| 1        | The name(s) and address(es) of the Benefit Director(s) and/or Benefit Officer(s), if any:  Name and Title: Shawn M. Seipler. President and CEO  2544 East Landstreet Road, Suite 600  Orlando, FL 32824  The corporation, in accordance with the required minimum status vote, terminates its status as a Florida Profit Benefit |  |  |  |  |  |
|          | The name(s) and address(es) of the Benefit Director(s) and/or Benefit Officer(s), if any:  Name and Title: Shawn M. Seipler. President and CEO  2544 East Landstreet Road, Suite 600   |  |  |  |  |  |
|          | The name(s) and address(es) of the Benefit Director(s) and/or Benefit Officer(s), if any:  Name and Title: Shawn M. Seipler. President and CEO  2544 East Landstreet Road, Suite 600  Orlando, FL 32824  The corporation, in accordance with the required minimum status vote, terminates its status as a Florida Profit Benefit |  |  |  |  |  |

| The public benefit for which the cor | poration is organized is:   |  |  |  |  |  |
|--------------------------------------|---|--|--|--|--|--|
|                                      |   |  |  |  |  |  |
|                                      |   |  |  |  |  |  |
|                                      |   |  |  |  |  |  |
| The specific public benefit(s) to be | created by the corporation (in addition to the above) is/are as follows (optional                                   |  |  |  |  |  |
|                                      |   |  |  |  |  |  |
| 11 -                                 |   |  |  |  |  |  |
|                                      |   |  |  |  |  |  |
| The additional qualifications of Ber | the additional qualifications of Benefit Director(s), if any, are as follows:                                       |  |  |  |  |  |
|                                      | ······································  |  |  |  |  |  |
|                                      |   |  |  |  |  |  |
|                                      |   |  |  |  |  |  |
|                                      | The name(s) and address(es) of the Benefit Director(s) and/or Benefit Officer(s), if any:                           |  |  |  |  |  |
| Name and Title:                      | Name and Title:   |  |  |  |  |  |
| Address:                             | Address:  |  |  |  |  |  |
|                                      |   |  |  |  |  |  |
|                                      | (Include attachment if necessary)   |  |  |  |  |  |
| The corporation, in accordance with  | n the required minimum status vote, terminates its status as a Florida Profit So                                    |  |  |  |  |  |
|                                      | orporation in accordance with s. 607.505, F.S. The revised purpose for which the corporation is organized is as for |  |  |  |  |  |
|                                      |   |  |  |  |  |  |

| If amending or ad<br>additional sheets, ij                    |                   |                | hange(s) here: | (Attach |   |
|---|-------------------|----------------|----------------|---------|---|
| Amending Ar   |                   |                |                |         |   |
| The number o  | of shares of sto  | ck is: 10,000. | ,000           |         |   |
|   |                   | <u> </u>       |                |         |   |
|   | <u> </u>          |                |                |         |   |
|   |                   |                |                |         | • |
|   |                   |                | <del></del>    |         |   |
|   | <u> </u>          | <del></del>    |                |         |   |
|   |                   |                |                |         |   |
|   |                   |                |                | ,       |   |
|   |                   |                |                |         |   |
|   | <u>-</u> .        |                |                |         |   |
| I. If an amendment<br>issued shares, pro<br>amendment itself: | visions for imple |                | endment if not |         |   |
| n/a   |                   |                |                |         |   |
|   |                   | <u> </u>       |                |         |   |
|   | <del>.</del>      | _              |                |         |   |
|   |                   |                | <u>.</u>       |         |   |
|   |                   |                |                |         |   |
|   |                   |                | <del></del>    |         |   |

| The date of each amendment(s) adopt                               | ion: September 24, 2018, if other than the date this document was signed.   |
|---|---|
| Effective date <u>if applicable</u> :                             | (no more than 90 days after amendment file date)  |
| Adoption of Amendment(s)  | (CHECK ONE)   |
|   | dopted by the shareholders. The number of votes cast for the was/were sufficient for approval.  |
|   | pproved by the shareholders through voting groups. The following led for 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 a shareholder action was not required | dopted by the board of directors without shareholder action and   |
| ☐ The amendment(s) was/were a action was not required.            | dopted by the incorporators without shareholder action and shareholder  |
| Dated <u>September 2</u>  | 4, 2018   |
| Signature(By a direct   | or, president or other officers if directors or officers have not been  |
| selected, by an incorp<br>appointed fiduciary by                  | orator – if in the hands of a receiver, trustee, or other court y that fiduciary)   |
| <u>Sha</u>  | wn M. Seipler   |
|   | (Typed or printed name of person signing)   |
| Pro   | esident and CEO   |
| _   |   |

(Title of person signing)