P180000 66255

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(Ad	dress)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Elling Officer	
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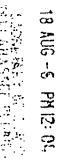
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: The Power	Pressure W	ASHER INC.		
DOCUMENT NUMBER: P18000066255					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
	Sheffery	Name of Contact Person			
Firm/ Company					
	1931 NW	190th Ter			
		Address			
	Miami Gar	dens FL, 3305	í le		
City/ State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Skeffery Muroe at (786) 540-9208 Name of Contact Person Area Code & Daytime Telephone Number					
Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department 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)		
<u>Mai</u>	ling Address	Street	Address		

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

	URE WASHER INC.
_	filed with the Florida Dept. of State)
P18000066255	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
THE POWER Pressure WASH	ER CLEANER INC. The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Oword "chartered," "professional association," or the abbreviation "I	," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
	i de com
	32
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5 1
(mating address <u>mat be a rost of fice box)</u>	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
	75
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida stre	et address)
New Registered Office Address:	, Florida
(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
S. M.	
Signature of New Re	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>x</u> c	
X Remove	<u>v</u>	Mike Jo	ones	
X Add	<u>sv</u>	<u>Şally Sr</u>	<u>pith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change			-18	
Add				
Remove				
2) Change				
Add				
Remove				
3) Change		_	***	
Add				
Remove				
4) Change		<u></u>		
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Remove				····
5) Change				
Add				
Remove				
6) Change				
Add				
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Attach <i>additional sheet</i> s	additional Articles, s, if necessary). (B	e specific)			
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f an amendment prov	nenting the amendm	e, reclassification.	<u>or cancenation of the ending of the end of </u>	ent itself:	
provisions for implen	indicate N/A)				
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	<u> </u>
(no more than 90 days after	amendment file date)
Note: If the date inserted in this block does not meet the applicable statute document's effective date on the Department of State's records.	ory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The number of by the shareholders was/were sufficient for approval.	votes east for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting must be separately provided for each voting group entitled to vote separately provided.	
"The number of votes east for the amendment(s) was/were sufficient	for approval
hy	·*
☐ The amendment(s) was/were adopted by the board of directors without sha action was not required.	areholder action and shareholder
The amendment(s) was/were adopted by the incorporators without shareho action was not required.	older action and shareholder
Dated 08-2-2018	
Signature 1. M	
(By a director, president or other officer – if directed, by an incorporator – if in the hands of a appointed fiduciary by that fiduciary)	
Skeffery Mun	rson signing)
President, Dire	ctor
(Title of person si	gning)

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