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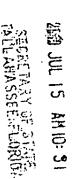
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(Requestor's Name)
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COVER LETTER

TO: Amendment Section Division of Corporations

				
NAME OF CORPOR	ATION: The Power	Pressure washer	Cleaner inc F	
DOCUMENT NUMB	BER: <u>P18000066</u>	255		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		Secondary A
Please return all corres	pondence concerning this man	eter to the following:		W 15 W 10. 92
	She	Afery Munros Name of Contact Person	L	
		Firm/ Company		
	1931 NW 190th	Ter		
	, , , , , , , , , , , , , , , , , , , ,	Address		
	Migmi G	Ardens FL 37 City/ State and Zip Code	3056	
		City/ State and Zip Code		
	Skefferym@Ac E-mail address: (to be us	1. Com	notification)	
For further information	concerning this matter, pleas	e call:		
SKeffer Name o	Munroe of Contact Person	at (56 Area Coo) 520 1641 de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:	
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ame	ling Address ndment Section sion of Corporations	Amend	Address ment Section n of Corporations	

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation of

	01	بنتوند	
The Power Pressure Ware of Corporation	Jasher Cleaner inc		ð "·
(Name of Corporati	ion as currently filed with the Flor	ida Dept. of State)	7
P1800006		W.	`\sigma
	ment Number of Corporation (if kno	wn) (1)	- 13
D			er.
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	a Statutes, this Florida Profit Corpo	oration adopts the following an	nendmer
A. If amending name, enter the new name of the co	orporation:		م بده
Sparkla class	on The Clive totache.	C 10 C . Th	10 11010
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corpword "chartered," "professional association," or the	o," "Inc," or "Co". A professiona	"incorporated" or the abbre l corporation name must con	eviation tain the
B. Enter new principal office address, if applicable	<u></u>		
(Principal office address <u>MUST BE A STREET ADI</u>	DRESS)		
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
D. If amending the registered agent and/or registe	red office address in Florida, ente	r the name of the	
new registered agent and/or the new registered	office address:		
Name of New Registered Agent			
	(Florida strect address)		
Navy Pagistavad Office Address		. Florida	
New Registered Office Address:	(City)	, Florida (Zip Code	 e)
New Registered Agent's Signature, if changing Reg			
I hereby accept the appointment as registered agent.	I am familiar with and accept the o	bligations of the position.	
	/ M		
	D. 12		
Sion	nature of New Registered Agent, if co	hanging	

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 (Check One)	Title	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			· · · · · ·
5) Change			
Add			
Remove			
0 0			
6) Change			
Add			
Remove			

Attach addition	or adding additional Ar mal sheets, if necessary)). (Be specific)	<u> </u>		
				<u> </u>	
		· · · -			· ·
	A. J. SEAR AND				
					<u> </u>
		· · ·			
					<u>.</u>
provisions fo	nent provides for an exor implementing the an oplicable, indicate N/A)	change, reclassifica aendment if not cor	ntion, or cancellati ntained in the ame	on of issued shares ndment itself:	1
	 				
			** ***		
				·	
·					<u></u>
		· ·			
		 			

The 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 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) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of by the shareholders was/were sufficient for approval.	votes cast 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 separa	
"The number of votes cast for the amendment(s) was/were sufficient	for approval
by	,,
(voting group)	
☐ 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 July 10 2019	
Dated July 10 2019 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 Mu	nくひと rson signing)
(Typed or printed name of per	rson signing)
Prosident,	Director
(Title of person si	gning)