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COVER LETTER

TO: Amendment Section Division of Corporations

• •

NAME OF CORPORATION: CLEAN	ISE LIFE SCIENCES COMPAN
DOCUMENT NUMBER: 7180000	
The enclosed Articles of Amendment and fee are su	bmitted for filing.
Please return all correspondence concerning this mat	tter to the following:
LAWRENCE F	LASTER
	Name of Contact Person
CLEANSE LIFE	E Sciences Co.
	Firm/ Company
2269 S. UI	Name of Contact Person E SCIENCES CO. Firm/ Company NIVERS 1 TY DRIVE, SUITE 5307 Address
	RDA16, FL 33324 City/ State and Zip Code
L. flaster D clear E-mail address: (to be us	ed for future annual report notification)
For further information concerning this matter, pleas	e call:
LAWRENCE FLASTER Name of Contact Person	at (78L) 306 - 9123 . Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Department of State:
S35 Filing Fee Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)
Mailing Address	Street Address
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle
	2007 Bloodage Collet Citele

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

F	1/	
2013 SEP	15	~0

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CLEANSE LIFE SCI.	ENCES	CO.	2011 SEP 17 1	٥,
(Name of Corp.	oration as curren	tly filed with the Florida De	pt. of State).	J 57
P180000 70736		·	$\mathcal{L}_{\mathcal{F}}$	<u> </u>
(D	ocument Number	of Corporation (if known)		-11/3 _A
Pursuant to the provisions of section 607.1006, Fits Articles of Incorporation:	lorida Statutes, this	Florida Profit Corporation	adopts the following	ng amendment(s) to
A. If amending name, enter the new name of t	he corporation:			
	 			Thenew
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "(word "chartered," "professional association," o	Corp," "Inc," or	"Co". A professional corpo	porated" or the a ration name must	ibbreviation contain the
B. Enter new principal office address, if appli		158 NW	98 Terr	ace
(Principal office address <u>MUST BE A STREET</u>	ADDRESS)	158 NW Fort Laud	erdale,	F1 3332
		·		
C. Enter new mailing address, if applicable:		100 Nu. 00	Tarres	
(Mailing address MAY BE A POST OFFICE	<u>E BOX</u>)	158 NW 98 Fort Lauder	1 - C	
		fort Lauder	dale, FC	33329
D. If amending the registered agent and/or reg	vistered office add	lress in Florida, enter the na	ame of the	
new registered agent and/or the new regist			inc or the	
Name of New Registered Agent				
			, ,	_
	(Florida s	treet address)		_
New Registered Office Address:			Florida	
		(City)		Code)
Non-Decisional Assets Cineston if the sign	. Danisanus d Assus	4.		
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ago			ons 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> <u>John</u>	Doe	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
<u>X</u> Add		Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	PSTD	LAWRENCE M. FLAS	Fort Lauderdale, Fl 33324
Add			Fort Lauderdale, Fl 33324
Remove			
2) Change			
Add			
Remove			
3) Change	 		
Add			
Remove			
4) Change	<u></u>		
Add			
Remove			
5) Change			
Add			
Remove			
Change			
Add			···
Remove			

uounimin anten, y necessury).	icles, enter change(s) here: (Be specific)
	
	
	
f an amendment provides for an excl	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(ij not appacable, mateule wa)	

The date of each amendment(s) adoption: $\frac{9/11/18}{}$, if other than the
late this document was signed.	
Effective date if applicable: 9/11/18 (no more than 90 days after amendment file date)	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this dat locument's effective date on the Department of State's records.	e will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.)
The amendment(s) was/were approved by the shareholders through voting groups. The following statemen must be separately provided for each voting group entitled to vote separately on the amendment(s):	nt
"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 shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 9/11/18 Signature Xalung of Husles	
(By a director, president or other officer – if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
LAWRENCE M. FLASTER (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
PSTD	
(Title of person signing)	