P18 00009360°

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: KDB Cleaning Co	rporation			
	IBER: P18000093609				
	s of Amendment and fee are su	bmitted for filing.			
Please return all corr	espondence concerning this ma	itter to the following:			
	MAYLEN FALCON				
	······································	Name of Comact Persor	1		
	EXTREME QUALITY GROUP INC				
		Firm/ Company			
	780 THORPE RD. STE 2				
		Address			
	ORLANDO, FL 32824				
		City/ State and Zip Code	e		
	EXTREMEQUALITYGROU	JP@OUTLOOK.COM			
		sed for future annual report	notification)		
For further informati	on concerning this matter, plea		985-2417		
Name of Contact Person		at (407 Area Co) de & Davtime Telephone Number		
Enclosed is a check t	for the following amount made				
■ \$35 Filing Fee	☐\$43.75 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)		
Mailing Address Amendment Section Division of Corporations			Address		
		Amendment Section			
P.O. Box 6327		Division of Corporations The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



KDB CLEANING CORPORATION

(Name of Corpora	tion as current	ly filed with the Flori	da Dept. of State)
P18000093609			
(Docu	iment Number o	of Corporation (if know	vn)
Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation:	da Statutes, this	Florida Profit Corpor	ration adopts the following amo
A. If amending name, enter the new name of the	corporation:		
KDB Corporation			The
name must be distinguishable and contain the word "o "Inc.," or Co.," or the designation "Corp," "Inc "chartered," "professional association," or the abbi	," or "Co". ,	A professional corpor	orated" or the abbreviation "C
B. Enter new principal office address, if applicab (Principal office address MUST BE A STREET AD			-
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE Bo	<u>ON</u>)		
D. If amending the registered agent and/or registered new registered agent and/or the new registered Name of New Registered Agent	ered office add d office address	ress in Florida, enter	the name of the
	(Elusida ata	reet address)	
	ir tortaa sir	vet aaaress)	
New Registered Office Address:		(City)	, Florida(Zip Code)
New Registered Agent's Signature, if changing Re	gistered Agent	·	(sup Cour)
I hereby accept the appointment as registered agent.	l am familiar y	± with and accept the ob	ligations of the position.
Circ	natura of Van. D	Desirtared Land C. A.	
org/	чаште од меж К	egistered Agent, if cha	inging

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title 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; C Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of eac 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 a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT & Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: XChange	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
_ <u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
			, - .
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			1
6) Change		_	
Add			
Remove			

ttach <i>additional she</i>		(Be specific)				
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an amendment pro	ovides for an exc	hange, reclassificat	ion, or cancella	tion of issued sh	ares,	
rovisions for imple	ementing the amo	hange, reclassificat	tion, or cancellat tained in the am	tion of issued sh endment itself:	ares,	
an amendment pro rovisions for imple (if not applicable	ementing the amo	hange, reclassificatendment if not cont	tion, or cancella tained in the am	tion of issued sh endment itself:	ares,	
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	amendment(s) adoption:	, if otl
date this documen	C	
Effective date if a	06/23/2020 applicable:	
	(no more than 90 days after amendment file date)	
	e inserted in this block does not meet the applicable statutory filing requirements, this date wittive date on the Department of State's records.	ll not be l
Adoption of Ame	endment(s) (<u>CHECK ONE</u>)	
The amendmen action was not	nt(s) was/were adopted by the incorporators, or board of directors without shareholder action an required.	d sharehoi
	nt(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) olders was/were sufficient for approval.	
	nt(s) was/were approved by the shareholders through voting groups. The following statement rately provided for each voting group entitled to vote separately on the amendment(s):	
"The nur	mber of votes cast for the amendment(s) was/were sufficient for approval	
by	<u> </u>	
	(voting group)	
	06/23/2020 Dated	
	Signature	
	(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)	
	Kevin Espinaco Borges	
	(Typed or printed name of person signing)	
	OWNER	
	(Title of person signing)	

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