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To	:	

Division of Corporations Fax Houser : (850)617-6320

Account Name : SANTOS & PANTOJAS TAX, ACCUMITING & INSMANCE INC Account Number : 128170868875 Phose : (487)381-6137 Fax Number : (487)381-2187

Enter the email address for this business emitty to be used for future annual report mailings. Enter only one small address please.

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COR ANNI/RESTATE/CORRECT OR O/D RESIGN ICON CLEANING SOLUTIONS INC.

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2019 FEB -6 AM 9: 59

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Division of Corporations	
NAME OF CORPORATION: ICON CLEANING SO	DLUTIONS INC.
DOCUMENT NUMBER: P19000004605	
The enclosed Articles of Amendment and fee are subm	tted for filing.
Please return all correspondence concerning this matter	to the following:
GAB	RIEL SUNIAGA BALZA
	Name of Contact Person
ICON (LEANING SOLUTIONS INC.
-	Firm/ Company
100	73 MOORSHIRE CIR
	Address
	ORLANDO, FL. 32829
	City/ State and Zip Code
	maryluz@sptaxfl.com
E-mail address: (to be used (or future annual report notification)
For further information concerning this matter, please ea	n:
GABRIEL SUNIAGA BALZA	at (407) 912-7550
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made paya	ble to the Florida Department of State:
Certificate of Status	\$43.75 Filing Fee & \$\sum \\$\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) \$\sum \\$\$(Additional Copy is enclosed)\$
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

FII EN

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Articles of Amendment 2019 FEB -6 AM 9: 59

SEGRETARY OF STATE

to
Articles of Incorporation
of

ICON CLEANING SOLUTIONS INC. (Name of Corporation as currently filed with the Florida Dept. of State) P19000004605 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: N/A Name of New Registered Agent (Florida street address) N/A 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 with and accept the obligations of the position.

Page 1 of 4

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Signature of New Registered Agent, if changing

____ Remove

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Address of each Officer (Attach additional sheets, Please note the officer/dii P = President; V = Vice Executive Officer; CFO held. President, Treasure, Changes should be noted	and/or D if necess rector titl Presidem Chief I r, Directo in the fo ves the c	irector being added ary) c by the first letter of ; T= Treasurer; S= Financial Officer. If or would be PTD, llowing manner. Cu orporation, Sally Sm	i: (the office title: Secretary: D= Director; TR= T an officer/director holds more i (rently John Doe is listed as the ith is named the V and S. These;	director being removed and title, name, and instee; C = Chairman or Clerk; CEO = Chief than one title, list the first letter of each office PST and Mike Jones is listed as the V. There is should be noted as John Doe, PT as a Change,
X Change	<u>PT</u>	John Doc		
X Romove	<u>Y</u>	Mike Jones		
X Add	<u>SV</u>	Sally Smith		
Type of Action (Check One)	Title	Name		<u>Addres</u> s
I) Change	D	LUIS BEG	ERRA	7908 CORKFIELD AVE.
X Add				ORLANDO, FL. 32832
Remove				
2) Change		-		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
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5) Change				
Remove				
6) Change		· · · · · · · · · · · · · · · · · · ·		
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If amending or adding additional Article	cs, enter change(s) here:
(Attach additional sheets, if necessary). ((Be specific)
N/A	
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	<u> </u>
If an amendment provides for an exchang	ge, reclassification, or cancellation of issued shares,
provisions for implementing the amenda	ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	N/Λ
· · · · · · · · · · · · · · · · · · ·	

Page 3 of 4
H 190000389203

H 170000 387 H 09:58:35 02-06-2019

The date of each amendment(s) adoption: date this document was signed.	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	<u> </u>
(no n	nore than 90 days after amendment file date)
Note: If the date inserted in this block does not mee document's effective date on the Department of State's	t the applicable statutory filing requirements, this date will not be listed as the records.
Adoption of Amendment(s) (CHECK	ONE)
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient for approva	olders. The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the sharel must be separately provided for each voting group	nolders through voting groups. The following statement entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(
by	to to
by(voting gro	up)
☐ The amendment(s) was/were adopted by the board of action was not required.	f directors without shareholder action and shareholder
The amendment(s) was/were adopted by the incorpo action was not required.	rators without shareholder action and shareholder
Dated 2-1-2019	
SignatureGoogle	Juniaba
(By a director, president or selected, by an incorporato appointed fiduciary by that	other officer - if directors or officers have not been - if in the hands of a receiver, trustee, or other court fiduciary)
Gabr	riel Suniaga Balza printed name of person signing)
(Typed o	printed name of person signing)
·	resident
	(Title of person signing)

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