# P19000025086

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: CDD COMMERCI	AL CLEANING SERVICE	ES INC.				
	BER: 1/19000025086						
The enclosed Articles	s of Amendment and fee are sub	omitted for filing.					
Please return all corre	espondence concerning this mat	ter to the following:					
	CAROLYN ROLACK						
		Name of Contact Person					
		Firm/ Company					
	6322 IAN CHAD DRIVE WI	EST					
	Address						
	JACKSONVILLE, FL. 32244						
		City/ State and Zip Code	•				
	THEROLACKS@BELLSOU						
	E-mail address: (to be us	ed for future annual report	notification)				
For further information	on concerning this matter, pleas	e call:					
CAROLYN ROLACK		at ( 904	3024771 ) de & Daytime Telephone Number				
Name of Contact Person		Area Coo	le & Daytime Telephone Number				
Enclosed is a check f	or the following amount made p	payable to the Florida Depa	rtment of State:				
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Fiting 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 P.O. Box 6327

# Street Address

Amendment Section Division of Corporations The Centre of Tallahassee

#### Articles of Amendment to Articles of Incorporation of

CDD COMMERCIAL CLEANING SERV		DI			
(Name of	Corporation as currer	ntly filed with the Florida Dept. of State)			
P19000025086					
	(Document Number	of Corporation (if known)			
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, thi	is Florida Profit Corporation adopts the following amendment(s) to			
A. If amending name, enter the new na-	me of the corporation:				
CDD COMMERCIAL/BIOHAZARD CL	EANING AND REMOV	AL SERVICES INC. The new			
	orp," "Inc," or "Co".	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word			
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )  C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )		6322 IAN CHAD DRIVE WEST			
		JACKSONVILLE, FL. 32244			
		6322 IAN CHAD DRIVE WEST  JACKSONVILLE, FL. 32244			
D. If amending the registered agent and new registered agent and/or the new					
Name of New Registered Agent	CAROLYN ROLACK				
	6322 IAN CHAD DRIVE WEST				
-	(Florida street address)				
New Registered Office Address:	ACKSONVILLE	. Florida 32244 (City) (Zip Code)			
New Registered Agent's Signature, if ch I hereby accept the appointment as registe					

Signature of New Registered Agent, if changing

# 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, 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 Do	<u>ve</u>		
X Remove	<u>v</u>	Mike Jo			
X Add	<u>SV</u>	Sally Sn	<u>nith</u>		
Type of Action (Check One)	<u>Title</u>		Name		Address
1) Change		_			
Add					
Remove				-	
2) Change		_			
Add					
Remove 3 ) Change				-	
Add					1
Remove				-	
4) Change		_			
Add					
Remove				-	
5) Change				-	
Add					
Remove					
6) Change		_			
Add					
P. Amour					

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If an amendment provides for a provisions for implementing th	e amendment if not co	cation, or cancellation	of issued shares, ment itself:	
(if not applicable, indicate N	VA)	·		
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The date of each amendment(s) adoption:	, if other tha
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 statutory filing requirements, this date we document's effective date on the Department of State's records.	vill not be listed a
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action a action was not required.	nd shareholder
☐ 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 statement must be separately provided for each voting group entitled to vote separately on the amendment(s):  "The number of votes cast for the amendment(s) was/were sufficient for approval	2021 JUN <b>08</b>
by"  (voting group)	08
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)  (Typed or printed name of person signing)	PII 4: 48
(Title of person signing)	

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