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OCT 2 2 2019 S. YOUNG 80 % NA C- 100 6

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION:	ERVICES	
DOCUMENT NUMBE	ER:		
	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this mat	ter to the following:	
Ľ	Oonna Excell		
_		Name of Contact Person	1
F	fully Clean Services		
_		Firm/ Company	
1	4820 SW 54th Street		
_		Address	
7	Miramar, FL. 33027		
_		City/ State and Zip Code	:
fullvela	eanservices@gmail.com		
		ed for future annual report	notification)
	That dealers, (to be de	and the rational annual reports	,
For further information	concerning this matter, pleas	e call:	
Donna Excell		954 at (559-8072
Name of	Contact Person	Area Co	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)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amen Divisi P.O. I	ng Address adment Section ion of Corporations Box 6327 nassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section of Corporations Building xecutive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

Fully Clean Services Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P19000034758 (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) C. Enter new mailing address, if applicable: (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: Name of New Registered Agent (Florida street address) New Registered Office Address: (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. 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 <math>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.

X Change	PT	John Doe		
X Remove	\underline{V}	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s	
1) Change	VP	Emmaline Duncombe	9670 W DAFFODIL LANE	
Add .			Miramar, FL, 33025	
X Remove				
2) Change		-		
Add				
Remove			 	
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

Attach additional sheets, if necessary).	icles, enter change(s (Be specific)			
		_		 -
			· · · · · · · · · · · · · · · · · · ·	
 -			.	
		<u> </u>		
If an amendment provides for an exch	ange, reclassification	on, or cancellation	of issued shares,	
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not conta	ined in the ameno	lment itself:	
(if not applicable, indicate N/A)				
				-
		-		

The date of each amendment(s) adoption: date this document was signed.	, if other than the
10/01/2019 Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block does document's effective date on the Department	not meet the applicable statutory fifing requirements, this date will not be listed as the of State's records.
Adoption of Amendment(s) (C	CHECK ONE)
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient for	ne shareholders. The number of votes cast for the amendment(s) r approval.
☐ The amendment(s) was/were approved by must be separately provided for each votion	the shareholders through voting groups. The following statement ag group entitled to vote separately on the amendment(s):
	endment(s) was/were sufficient for approval
by	oting group)
(v	oting group)
_	e board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by th action was not required.	e incorporators without shareholder action and shareholder
Dated SignatureX//2.2.	a face
(By a director, pro- selected, by an inc	esident or other officer – if directors or officers have not been corporator – if in the hands of a receiver, trustee, or other court ry by that fiduciary)
Donna Ex	cell .
	(Typed or printed name of person signing)
President	
	(Title of person signing)