P190000 70602

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	Straight :	Pressure Clean Inc.				
DOCUMENT NUMBER:	P190000706	502				
The enclosed Articles of Ameri	adment and fee are su	bmitted for filing.				
Please return all correspondence	ce concerning this ma	tter to the following:				
		Sonia Becerr	a			
	Name of Contact Person					
	Swyft Filings					
	Firm/ Company					
	3 Greenway Plaza #1320					
	Address					
	Houston, Texas 77046					
		City/ State and Zip Cod	e			
	fil	ings@swyftfilings.d	com			
E-r	nail address: (to be us	sed for future annual report	notification)			
For further information concern	ning this matter, pleas	se call:				
Sonia Becerr	а	at (877) 777-0450			
Name of Contact	ct Person	Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:						
	43.75 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)			
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

Articles of Amendment

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Articles of Incorporation

of

STRAIGHT PRESSURE CLEAN INC.

to

P19000070602	
(Document Number of 0	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	Ilorida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
Straight Pressure Cle	ean & Painting Inc. The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "F	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
	2020
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 addresses new registered agent and/or the new registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent	
(Florida stree	or address)
New Registered Office Address:(0	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	ith and accept the obligations of the position.
Signature of New Re	gistered 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	PT	John Doe			
X Remove	<u>v</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	Title	<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			 		
6) Change					
Add					
Remove					

If amending or adding (Attach additional sheet	ts, if necessary).	(Be specific)				
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				<u> </u>		······································
						
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			· · · · · · · · · · · · · · · · · · ·			
If an amendment prov	ides for an exch	ange, reclassific	ation, or cancell	lation of issued sl	nares,	
provisions for implem (if not applicable.	indicate N/A)	nament it not co	<u>ntained in the a</u>	<u>menament itseit:</u>		
						. <u></u>
		•				

The date of each amendment(s) adoption:	, if other than
Effective date if applicable: MAY 26, 2020 (no more than 90 days after am	
(no more than 90 days after am	nendment file date)
Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	filing requirements, this date will not be listed as
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of vot by the shareholders was/were sufficient for approval.	es cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting gromust be separately provided for each voting group entitled to vote separately	
"The number of votes cast for the amendment(s) was/were sufficient for	approval
by(voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareh action was not required.	older action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action was not required.	r action and shareholder
Dated May 26, 2020 Signature Somme Button	
Signature Somme But	
(By a director, president or other officer – if director	
selected, by an incorporator – if in the hands of a rec appointed fiduciary by that fiduciary)	civer, trustee, or other court
Edmon Rurton (Typed or printed name of person	
(Typed or printed name of person	signing)
President	
(Title of person signing	ng)

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