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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CO	RPORATION: OVEDERCHY CI	LEANING SERVICES INC	
	NUMBER: P19000077586		<del> </del>
The enclosed Ar	ticles of Amendment and fee are su	abmitted for filing.	
Please return all	correspondence concerning this ma	atter to the following:	
	OVEDERCHY BERGER		
		Name of Contact Persor	1
	OVEDERCHY CONSTRUC	TION SERVICES INC	
	· · ·	Firm/ Company	
	401 MONUMENT RD APT	60	
		Address	······
	JACKSONVILLE, FL. 3222	5	
		City/ State and Zip Code	e
	ovederchy@gmail.com		
	E-mail address: (to be u	sed for future annual report	notification)
For further infor	mation concerning this matter, plea	se call: 904	554-0323
Ŋ	lame of Contact Person		de & Daytime Telephone Number
Enclosed is a ch	eck for the following amount made	payable to the Florida Depa	artment of State:
S35 Filing F	Fee □\$43.75 Filing Fee & Certificate of Status	S43.75 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	Amend Divisio The Co	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment 10 Articles of Incorporation of

OVEDERCHY	CLEANIN	NG SERI	VICES	INC.

OVEDERCHY CLEANING SERVICES	INC		
(Name o	of Corporation as current	y filed with the Florida Dept. of State)	
P19000077586			
	(Document Number o	f Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the following	g amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
OVEDERCHY CONSTRUCTION SER	VICES INC		The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Torp," "Inc," or "Co". z	company," or "incorporated" or the abbreviatio A professional corporation name must contain	n "Corp"
B. Enter new principal office address.	if applicable:	401 MONUMENT RD APT 60	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		JACKSONVILLE, FL. 32225	
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		401 MONUMENT RD APT 60	
(mailing data ess SHAT DE A COST OFFICE BOAS)		JACKSONVILLE, FL. 32225	
D. If amending the registered agent an new registered agent and/or the new	w registered office address		
Name of New Registered Agent	Name of New Registered Agent OVEDERCHY BERGER		-
	401 MONUMENT RD AF	PT 60	_
	(Florida str	vet address)	
New Registered Office Address: JACKSONVILLE		, Florida	
		(City) (Zip C	Code) 2021 1 3 1
New Registered Agent's Signature, if c	hanging Registered Agent	:	1
		with and accept the obligations of the position.	1
			里 · ";
	Q A		5
	Signature of New R	egistered Agent, if changing	. 2: 28
			•

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.

X Change	PT	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<u>N/A</u>		
Add			
Remove			
2) Change	N/A		
Add			
Remove 3 ) Change	N/A		
Add			
Remove 4) Change	N/A		
Add			
Remove	N/A		
Add			
Remove 6) Change	N/A		
Add			
Remove			

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)	
N/A	(n - · V A m)	
IN/A		
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
		_
E. If an amundment provides for an over	hange, reclassification, or cancellation of issued shares,	
provisions for implementing the ame	endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:	
N/A		

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. .

• • •	05/05/2021	
The date of each amendn	nent(s) adoption:	, if other than t
late this document was sig	ned.	
	05/05/2021	
Effective date <u>if applicab</u>	le:	
	(no more than 90 days after amendment file date	り
	in this block does not meet the applicable statutory filing requirement on the Department of State's records.	its, this date will not be listed as t
doption of Amendment	(s) ( <u>CHECK ONE</u> )	
☐ The amendment(s) was action was not required	/were adopted by the incorporators, or board of directors without shareh.	nolder action and shareholder
	/were adopted by the shareholders. The number of votes cast for the ans/were sufficient for approval.	nendment(s)
	were approved by the shareholders through voting groups. The followivided for each voting group entitled to vote separately on the amendme	
"The number of v	rotes cast for the amendment(s) was/were sufficient for approval	2021 EAY -7
by	**	===
	(voting group)	Y
		١.
0.5	(10.6.12.02.1	<del>-</del>
OS Dated	5/05/2021	PH ·:
Dateu	<del></del>	
	.7	<i>i</i> 3 ≤ 1
Signatur	c Acceptance	8
	(By a director, president or other officer – if directors or officers have selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	not been
	OVEDERCHY BERGER	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	