P19000082436

(Requestor's Name)
(Address)
(duicos)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Duringer Felite News)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800369830568

6.45.11 0:01: 621 ••11.01

PALLAHASSEF TATE

CCT 11 4 2021

COVER LETTER

TO: Registration Sec Division of Corp		_			
SUBJECT:	lays Cleanin	a Solutions Inc.			
	Name of Limit	ed Liability Company			
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.			
Please return all correspon	ndence concerning this matter to	o the following:			
	Turshin	Name of Person			
	Clays	Oleania Solutions			
		Monytun Expression B105-2152			
		City/State and Zip Code			
	E-mail address: (t	o be used for future annual report notification)			
For further information e	oncerning this matter, please ca	ill:			
Tushin He	solds	at () Area Code Daynine Telephone Number			
Name o	f Person	Area Code Daytime Telephone Number			
Enclosed is a check for the	ne following amount:				
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Addres		Street Address: Registration Section			
Registration : Division of C		Division of Corporations			
P.O. Box 632 Tallahassee.		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

CLAYS CLEANING SOLUTIONS INC.

(Name of Corporation as currently filed with the Florida Dept. of State) P19000082436 (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: CLAYS UNLIMITED SOLUTIONS INC 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: . Florida (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

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	<u>PT</u>	John Do	<u>e</u>	
X Remove	Y	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sm	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<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				

	umonai snec	ets, if necesso	ary). (Be s	pecific)	(<u>s) here</u> ;			
	•	<u> </u>		<u> </u>			• • • • • • • • • • • • • • • • • • • •	
								
	· · ·							
								····
							 	
provisio	ns for imple	oyides for an ementing the e, indicate N	amendmen	reclassificat it if not cont	ion, or cance tained in the	llation of issu amendment i	ed shares, tself:	
								•
			····					
						· · · ·		
								

.

The date of each amendment(s) adopted date this document was signed.	on:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendi	nent file date)
Note: If the date inserted in this block document's effective date on the Departs		g requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors w	ithout shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes can for approval.	ast for the amendment(s)
	d by the shareholders through voting groups voting group entitled to vote separately on t	
"The number of votes cast for t	ne amendment(s) was/were sufficient for app	roval
by		<u> </u>
	(voting group)	
(x6/30/2021 Dated		
Signature	Tan H	
selected, by	or, president or other officer – if directors or an incorporator – if in the hands of a receive duciary by that fiduciary)	
	Tashaina Horbbs	
	(Typed or printed name of person sign	ning)
	VP	
	(Title of person signing)	