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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: E-mail address: (to be used for future annual report notification) For further, information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee (1)\$43.75 Filing Fee & □\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

is enclosed)

Articles of Amendment

Articles of Inco	rporation
Cleaning Up with love (Name of Corporation as currently	Corp
(Name of Corporation as currently	filed with the Florida Dept. of State)
P 20000032038	
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "co. "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional association," or the abbreviation "P.A."	
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 MAY BE A POST OFFICE BOX)	
· · · · · · · · · · · · · · · · · · ·	
	ن
D. If amending the registered agent and/or registered office addressinew registered agent and/or the new registered office address:	ss in Florida, enter the name of the
// Tourset a Care	0.114 (5:00
Name of New Registered Agent KIOTTOS HOTTOS	MCA COIP
600 S Feder	al Hwy ste 2017
(Florida stree	t address)
New Registered Office Address: Der ill Gr	Oll Florida 33441
New Registered Office Address.	ity) (Zip Code)
	·

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. \(\Lambda \) 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.

Example: X Change	PT John Doc	g	
X Remove	<u>V</u> <u>Mike Jor</u>	nes	
X Add	SV Sally Sm	<u>uith</u>	
Type of Action (Check One)		Name	<u>Addres</u> s
1) Change	<u> </u>	Andre Ferreira Socires	5720 NW 74thPL
Add	* Remove	only 1 (one) entry.	Aug to a City
Remove	Filed 2 er	ntries for same person	Coconut Crule, 92 32073-3565
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attac	ending or adding ad h additional sheets, if	(necessary).	(Be specific)	egoj mete.			
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If an	amendment provide	e for an avaba	nua raalaerifia	ntion or concelle	tion of icensed ch	***	
prov	cision <u>s for implemen</u>	ting the ameno	Iment if not con	ntained in the an	nendment itself:	<u></u>	
	(if not applicable, ind $\bigcap_{i=1}^{n}$	icate N/A)					
Ni	H						
• • •					_		
			<u> </u>				

	option:	, if other than th
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file d	ate)
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirent partment of State's records.	nents, this date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopaction was not required.	sted by the incorporators, or board of directors without sha	reholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the ficient for approval.	amendment(s)
	oved by the shareholders through voting groups. The followach voting group entitled to vote separately on the amenda	
"The number of votes cast i	or the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated OG Signature By a directed	2027 ector, president or other officer – if directors or officers ha by an incorporator – if in the hands of a receiver, trustee.	ive not been or other court
appointe	d fiduciary by that fiduciary)	
-	(Typed or printed name of person signing)	5
-	Prendent (Title of person signing)	