

P200000042573

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

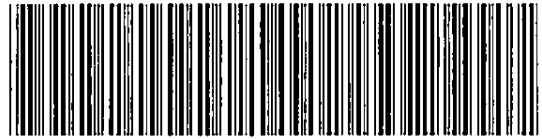
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700440469217

12/04/24--01008--004 \*\*35.00

FILED  
2024 DEC -4 PM 4:05  
SECRETARY OF STATE  
TALLAHASSEE, FL

AB

ATTORNEYS CORPORATION SERVICE, INC.  
9050 ROSECRANS AVE  
BELLFLOWER, CA 90706  
TEL: (800) 462-5487 FAX: (800) 388-0330  
EMAIL: filings@attorneyscorpsservice.com

DOCUMENT FILING REQUEST LETTER

REGULAR FILING SERVICE

DATE: Tuesday, November 26, 2024

FROM: Filings Dept.

Client Matter: #10649620

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

ATTN: DOCUMENT FILING DIVISION

RE: **SANI-CLEAN SOLUTIONS, INC.**

Enclosed is one of the following: (X) Articles of Amendment

Return request via following: (X) Mail

Total Page(s) attached including transmittal page: (7)

**\*\*PLEASE RETURN FILED DOCUMENTS ATTACHED WITH AN INVOICE TO:  
ATTORNEYS CORPORATION SERVICE, INC.  
9050 ROSECRANS AVE., BELLFLOWER, CA 90706\*\***

**\*\*PLEASE CONFIRM UPON RECEIVED DOCUMENTS\*\***

NOTE(S): CHECK #997283 \$35

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: SANI-CLEAN SOLUTIONS, INC.

DOCUMENT NUMBER: P20000042573

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CRISTAL / MARIA

Name of Contact Person

ACS

Firm/ Company

9050 ROSECRANS AVE.

Address

BELLFLOWER, CA 90706

City/ State and Zip Code

AMANDA@CHARTEREDINTERNATIONAL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CRISTAL / MARIA at ( 800 ) 462-5487  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|---|--|---|--|

**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

Articles of Amendment  
to  
Articles of Incorporation  
of

SANI-CLEAN SOLUTIONS, INC.

FILED

(Name of Corporation as currently filed with the Florida Dept. of State)

P20000042573

(Document Number of Corporation (if known))

2024 DEC 4 PM 4:05  
DEPT. OF STATE  
TALLAHASSEE, FL

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:

ASCENTIS VENTURES, INC.

*The new 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)

N/A

C. Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

N/A

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 N/A

N/A

(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(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

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.



**E. If amending or adding additional Articles, enter change(s) here:**  
(Attach additional sheets, if necessary). (Be specific)

N/A

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,**  
**provisions for implementing the amendment if not contained in the amendment itself:**  
(if not applicable, indicate N/A)

N/A

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_  
(voting group)

11/25/2024  
Dated \_\_\_\_\_

Signature \_\_\_\_\_  
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

ANDRES VILLAVICENCIO

\_\_\_\_\_  
(Typed or printed name of person signing)

PRESIDENT

\_\_\_\_\_  
(Title of person signing)