P2C CCCC 62675

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SECRETARY OF STATE
TALL ANN SEE STATE

1/8/21

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION: TRI-SHA GRA	APHICS & DOC'S INC	
DOCUMENT NU	MBER: P20000062675		
The enclosed Artic	les of Amendment and fee are	submitted for filing	
Please return all co	rrespondence concerning this	matter to the following:	
	DR AYESHA MCCLAIN		
	TRI SHA GRAPHICS & D	Name of Contact Pc OOC'S INC	rson
	P O BOX 680043	Firm/ Company	
	MIAMI FL 33168-0043	Address	
		City/ State and Zip Co	ode
`	DRAYESHAMCCLAIN@0	GMAIL.COM	
	E-mail address: (to be t	ised for future annual repo	rt notification)
For further information	on concerning this matter, plea		,
DR AYESHA MCCL	AIN	250	
Name	of Contact Person	at (830) 851-3394 ode & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	Area Ci payable to the Florida Dep	ode & Daytime Telephone Number
S35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis P.O. 1	ing Address adment Section ion of Corporations 30x 6327 aassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee . Monroe Street, Suite 810 isee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as	s currently filed with the	Florida Dana 65			
P20000062675	sar, wes with the	rioriua Dept. of St	<u>ate</u>)		
(Document)	Number of Corporation (if	known		-	 _
Pursuant to the provisions of section 607.1006, Florida Stati ts Articles of Incorporation:	utes, this <i>Florida Profit Co</i>	prporation adopts th	e follow	ing am	endment(s)
A. If amending name, enter the new name of the corpor	ation:				
SQUEAKIN KLEAN INC.					
ame must be distinguishable and contain the word "corpore Inc.," or Co.," or the designation "Corp." "Inc," or chartered," "professional association," or the abbreviatio	ation," "company," or "in "Co". A professional co in "P.A."	corporated" or the a rporation name mi	bbrevia ist conte	The tion "C ain_the	new orp., " word
Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS	<u> </u>			·	 -
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			SECRETARY OF S	2021 HAY 1 AM :	
If amending the registered agent and/or registered offi new registered agent and/or the new registered office a	ce address in Florida, en	er the name of the		3: 23	
Name of New Registered Agent	_				
				-	
ıFlo	rida street address)				
New Registered Office Address:		Florida			
	(City)	. Florida_	(Zip C	ode)	-
v Registered Agent's Signature, if changing Registered Areby accept the appointment as registered agent. I am fam	ŕ	bligations of the po:	·	ode)	
	vew Registered Agent, if ch				

[☐] 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 (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.

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,

X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	sv	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			

(או	tach <i>addition</i>	al sheets, if necessary	Articles, enter chang y). (Be specific)			
					 	
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		——————————————————————————————————————				
						
Drov	amendment isions for im	provides for an excl	hange, reclassification	on, or cancellation	of issued shares,	
	if not applied	ible, indicate N/A)	nange, reclassification and ment if not conta	ined in the amend	lment itself:	
			-			— .
						
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The date of each amendment(s) ac date this document was signed.	option:, if other than
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bl document's effective date on the Dep	ock does not made at the
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adoptaction was not required.	ted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes east for the amendment(s)
The amendment(s) was/were appromust be separately provided for ed	wed by the shareholders through voting groups. The following statement sech voting group entitled to vote separately on the amendment(s):
"The number of votes cast fo	the amendment(s) was/were sufficient for approval
by	was were sufficient for approval
	(voting group)
Dated	tor, president or other officer – if directors or officers have not been y an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)
D	R. AYESHA MCCLAIN
_	(Typed or printed name of person signing)
PR	ESIDENT
	(Title of person signing)