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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: CLEAN DREAMS FL CORP DOCUMENT NUMBER: P21000046370 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ANGELA M URIBE BOTERO Name of Contact Person CLEAN DREAMS FL CORP Firm/ Company 2050 OLEANDER BLVD APT 11-101 Address FORT PIERCE, FL 34950 City/ State and Zip Code juan@rsvtax.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (772) 672 1757

Area Code & Daytime Telephone Number ANGELA M URIBE BOTERO Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee S35 Filing Fee Certified Copy Certificate of Status Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

CLEAN DREAMS EL CORP.

(Name of Corporation	n as currently (iled with the Florid	a Dept. of State)	
221000046370					
(Docume	ent Number of C	Corporation (if known	1)		···
ursuant to the provisions of section 607.1006, Florida S s Articles of Incorporation:	Statutes, this <i>Fl</i>	orida Profit Corpora	tion adopts the fo	ollowing amendn	nent(s) i
. If amending name, enter the new name of the cor	poration:				
name must be distinguishable and contain the word "cor Inc.," or Co.," or the designation "Corp," "Inc." Chartered," "professional association," or the abbrevi	or "Co". A p				,,
Enter new principal office address, if applicable:	11.71.				
Principal office address MUST BE A STREET ADDR	RESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	•				
	,			2021	
				30 A	T
			·	<u> </u>	
If amending the registered agent and/or registered new registered agent and/or the new registered of		s in Florida, enter t	he name of the		IT
Name of New Registered Agent				AM IO: SES. FI	D
	(Florida street	address)			
New Registered Office Address:	 (C.	front	, Florida_	(Zip Code)	
	γ.	1007		(Zip Code)	
ew Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. It	tered Agent: am familiar wite	h and accept the obli	gations of the po	sition.	
	•	,	, y ama par		
Signati	ure of New Regi	stered Agent, if chan	ging		
heck 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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	_ <u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	VP	ANGELA M URIBE BOTERO	2050 OLEANDER BLVD
Add			APT 11-101
X Remove			FORT PIERCE, FL 34950
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		-	· · · · · · · · · · · · · · · · · · ·
Add			
Remove			
6) Change			
Add			
Remove			

. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)	
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		-
f an amendment provides for an excha	ange, reclassification, or cancellation of issued shares,	
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:	
	ES FOR A RECLASSIFICATION OF ISSUED SHARES.	
	UTION OF ISSUED SHARES, FOLLOWS:	-
IVIANA POSADA MONSALVE		_
		-
		-
		-
		-

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	AUGUST 12, 2021	
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 document's effective date on the I	block does not meet the applicable statutory filing requirements. Department of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without sharehol	der action and shareholder
☐ The amendment(s) was/were as by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amer sufficient for approval.	ndment(s)
must be separately provided fo	pproved by the shareholders through voting groups. The following or each voting group entitled to vote separately on the amendments	
"The number of votes cas	st for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
AUGUST Dated	(12, 2021	
Signature	(lingues villate -	
	director, president or other officer - if directors or officers have no	t been
select	ed, by an incorporator – if in the hands of a receiver, trustee, or oth	
appoi	nted fiduciary by that fiduciary)	
	ANGELA M URIBE BOTERO	
	(Typed or printed name of person signing)	
	VICE-PRESIDENT	
	(Title of person signing)	·