P21000052014

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COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corpo	prations			
NAME OF CORPOR	RATION: E & R PRESSURI	CLEANING AND SEAL	INC, INC E+	N
DOCUMENT NUME	BER: P21000052014			
	of Amendment and fee are su	thmitted for filing.		
Please return all corres	pondence concerning this ma	itter to the following:		
	ELIJAH NELSON			
*	E & R PRESSURE CLEANI	Name of Contact Person NG AND SEALING, INC		
	2900 NW 24TH AVE APT 6			
•	HOLLYWOOD FL 33020	Address		~
J.		City/ State and Zip Cod	e Out (C) Wi	- al a conjuncia (a) conjuncti
*	E-mail address: (to be us	sed for future annual report	nbufication)	cleaning equal.
For further information	concerning this matter, plea	se call:		
Elijah Nelson		954 at (2135198 de & Daytime Telephone Nu	
Name o	of Contact Person	Area Co	de & Daytime Telephone Nu	mber
Enclosed is a check for	the following amount made	payable to the Florida Dep	irtment of State:	
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)	
	ing Address ndment Section		Address ment Section	
Divis	sion of Corporations		n of Corporations	

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

E & R PRESSURE CLEANING AND SEALING, INC			
(Name of Corporation as currently filed with the Florida Dept. of State)			_
P21000052014			_
(Document Number of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the feits Articles of Incorporation:	Blowing amend	lment(s) to	L)
A. It amending name, enter the new name of the corporation:			
	_The		
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abb "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must "chartered," "professional association," or the abbreviation "P.A."	reviation "Corporation the w	v" word	
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 und/or registered office uddress in Florida, enter the name of the new registered agent and/or the new registered agent and/or the new registered office address:		- - -	
Name of New Registered Agent			
Come of the Market Office			
(Florida street address)	 -		
New Registered Office Address: Florida			
New Registered Office Address. (City)	(Zip Code)		ر معدد
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the pos			·
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.			

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)

Example:

Please note the officer/director rule 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 Doc 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X_Change	<u>P I'</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change		_	
Add			
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

паси <i>пианионаі хне</i>	ng additional Artic rets, if necessury).	(Be specific)				
						
						
						
						
					.	
						
an amendment pr	ovides for an excha	inge, reclassifica	tion, or cancellat	ion of issued sha	ires,	
rovisions for impl	ementing the amen le, indicate N/A)	ament it not cor	tamen in the am	enument itsen.		
(ц піл прумскім	t, mangate (v.)					
					· · · · · · · · · · · · · · · · · · ·	
<u>, </u>						
	 					

	JUNE 02, 2021	, if other than the
The date of each amendment(s) ado	ption;	, it other man the
date this document was signed.		
	02, 2021	
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ck does not meet the applicable statutory filing requirements, artment of State's records.	this date will not be listed as 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 sharehold	der 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 americient for approval.	ndment(s)
☐ The amendment(s) was/were appromust be separately provided for e	oved by the shareholders through voting groups. The following ach voting group entitled to vote separately on the amendment	g statement (s):
"The number of votes east fo	or the amendment(s) was/were sufficient for approval	
by		
,	(voting group)	
Dated	erfor president or other officer - if directors or officers have n	of been
	by an incorporator - if in the hands of a receiver, trustee, or of	her court
appointe	d fiduciary by that fiduciary)	
F	LIJAH NELSON	
-	(Typed or printed name of person signing)	
F	RESIDENT	_
_	(Title of person signing)	