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(Re	equestor's Name)
(Ac	ddress)
(Ac	ddress)
(Cit	ty/State/Zip/Phone #)
N PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
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A. RAMSEY 3: 59

JAN 25 2023

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Clean Touch Professional Cleaning Service Indocument number: P22000092904
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Review Burnam Name of Contact Person Clean Touch Professional Cleaning Service Inc Firm/ Company 1199 S. Washington Ave Address Apop Ka Fl 32703 City/ State and Zip Code Clear touch gray yahoo. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kextrenica Burnam at 321, 978-1660 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed) \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

	Articles of Amendmer	ıt		FILE
	to Articles of Incorporation)n	202	3 14.
Clean Touch Dufes	Sional Cle	<u>eaning</u>	Service	Inch AM
D D D C CO O	on as currently filed wi	th the Florida De	ept. of State)	•
T Q Q V Q C U T Q	nent Number of Corporat	ion (if known)		
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:			adopts the following	g amendment(s) to
A. If amending name, enter the new name of the co	orporation:			
X/A	_			_The new
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc." "chartered," "professional association," or the abbre	" or "Co". A professio	or "incorporatea mal corporation	l" or the abbreviatio name must contain	n "Coro "
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD	<u>:</u> D <u>RESS</u>)	MA		<u>. </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<u></u>			
D. If amending the registered agent and/or register new registered agent and/or the new registered of New Registered Agent	red office address in Flo	rida, enter the na	ame of the	
rame of New Negmerea Agem	- /4//1	<u>.</u>		
New Registered Office Address:	(Florida sircet address)	-		
New Registered Office Statess.	(City)		Florida /Zip C	ode)
New Registered Agent's Signature, if changing Regi I hereby accept the appointment as registered agent.	istered Agent: I am familiar with and ac	cept the obligation	ns of the position.	
Signa	ture of New Registered A	gent, 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.

X Change	<u>PT</u> <u>John</u>	<u>n Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sally</u>	y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>\</u>	Shanetta Jerry	400 Sunnyview Circle Orlando, Fl 32810
Remove			<u> </u>
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			-
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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	_N/A			
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	ovides for an exchange, reclassificati	ion, or cancellation of i	icenad charac	
visions for imp	ementing the amendment if not conti le, indicate N/A)	ained in the amendme	nt itself:	
(if not applicab	'e, indicate N/A)			
	N/A		-	
	<i>'</i>			
				
			_	

The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date <u>if applicable</u> :	
	0 days after amendment file date)
Note: If the date inserted in this block does not meet the appli document's effective date on the Department of State's records.	cable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☑ The amendment(s) was/were adopted by the incorporators, or action was not required.	board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The by the shareholders was/were sufficient for approval.	e number of votes east for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders the must be separately provided for each voting group entitled to	ough voting groups. The following statement vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/we	re sufficient for approval
by	
(voting group)	
Dated 1-20-202	3
Signature Sertren	Kurnan
	cer - if directors or officers have not been
selected, by an incorporator – if in th	e hands of a receiver, trustee, or other court
appointed fiduciary by that fiduciary)
Kert	enia Burnam
(Typed or printed	name of person signing)
_ Presid.	ent
(Title of person sign	ming)