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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: MCN-MASTERCI	LEAN SOUTH CORP	
DOCUMENT NUM	D24000018202		<u> </u>
The enclosed Article.	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	DIANA BLASCHZYK		
		Name of Contact Person	1
	THOMAS W. HILL & COM	PANY, CPA, PA	
		Firm/ Company	
	804 NICHOLAS PARKWAY	• •	
	·	Address	
	CAPE CORAL, FLORIDA 3	3990	
		City/ State and Zip Cod	e
	DIANA@HILLCOCPA.CO	М	
	-	sed for future annual report	notification)
For further information	on concerning this matter, plea	se call: at (²³⁹	. 549-2444
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			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

FILED

MCN-MASTERCLEAN SOUTH CORP.		2021 APR 8 AM 7: 09
(<u>Name o</u>	f Corporation as currently	y filed with the Florida Dept. of State)
P24000018202		T STATE
	(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1 ts Articles of Incorporation:	006, Florida Statutes, this a	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new na	me of the corporation:	
N/A		The new
	orp," "Inc," or "Co". A	ompany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
3. Enter new principal office address, i	f_applicable:	N/A
Principal office address <u>MUST BE A ST</u>		
C. Enter new mailing address, if applie (Mailing address MAY BE A POST C		N/A
(maining dauress MAT BE A FUST C	TETCE BUX)	
		· · · · · · · · · · · · · · · · · · ·
). If amending the registered agent and	d/or registered office addr	ess in Florida, enter the name of the
new registered agent and/or the new	registered office address:	
Name of New Registered Agent	N/A	
.tume of New Registered Agent		
	(Florida stro	eet address)
New Registered Office Address:	N/A	, Florida
		(City) (Zip Code)
lew Registered Agent's Signature, if ch	anging Registered Agent:	
nereby accept the appointment as registe	rred agent. I am familiar w	ith and accept the obligations of the position.
	Signature of New Re	egistered Agent, 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.

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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	CHRISTEL LOHE	MILCHSTRASSE 4A
XX Add			23730 ALTENKREMPE
Remove			GERMANY
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			-
Add			
Remove			
6) Change		<u> </u>	
Add			
Remove			

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)	•	ending or adding additional Articles, enter change(s) here: additional sheets, if necessary). (Be specific)
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	/A	
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	pro	isions for implementing the amendment if not contained in the amendment itself:
'A		if not applicable, indicate N/A)
	A	

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) adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
_	(no more than 90 days after amendment file do	ate)
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirem Department of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without share	reholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the e sufficient for approval.	amendment(s)
	approved by the shareholders through voting groups. The follo for each voting group entitled to vote separately on the amendr	
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by		
,	(voting group)	
04/01/20 Dated/	1)24 3 T	
	a director, president or other officer – if directors or officers ha cted, by an incorporator – if in the hands of a receiver, trustee, of	
	ointed fiduciary by that fiduciary)	or other court
	THOMAS .W HILL	
	(Typed or printed name of person signing)	······································
	SECRETARY OF MCN-MASTERCLEAN SOUTH CORP	.
	(Title of person signing)	·