P24000045741

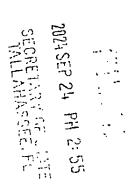
(Requestor's Name)
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(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION: 5pg. DOCUMENT NUMBER: 7	Kle Clean Florida Corporation 24000045741
The enclosed Articles of Amendment and fee	are submitted for filing.
Please return all correspondence concerning to	nis matter to the following:
Al	Name of Contact Person
	Name of Contact Person
	Firm/ Company
57	137 Kimberton Way, of
	Lake worth, FL 33463
E-mail address: (to	City/ State and Zip Code /exander Ovie Gamail. Com De used for future annual report notification)
For further information concerning this matte	r, please call:
Alexander Oviedi	at (346) 397 8223 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount	made payable to the Florida Department of State:
S35 Filing Fee S43.75 Filing F Certificate of St	ee & S43.75 Filing Fee & S52.50 Filing Fee atus Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)
Mailing Address Amendment Section	Street Address Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Articles of Amendment

to

Articles of Incorporation

of
Sparkle Clean Florida Corporation (Name of Corporation as currently filed with the Florida Dept. of State)
\sim
P 240000 45741
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) tits Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word, "chartered," "professional association," or the abbreviation "P.A."
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) Casse/berry, FL
32767 32767
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent Li Liana Montes
Name of New Registered Agent Li Liana Montes 219 Brighton Way (Florida street address)
New Registered Office Address: Cassalberry . Florida 32707
(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
Liliana Montes
Signature of New Registered Agent, if changing
Check if applicable ☐ The amendment(s) is/are being tiled 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	SEP 2h
X Remove	<u>v</u>	Mike Jones	22 - 1
X Add	<u>sv</u>	Sally Smith	第二条 计
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address 75
1) Change	<u>P</u>	Alexander Oviedo	5737 Kimbinton Way
Add			Lake Worth, FL
Remove			33463
2) Change	VP	Jorge B, Santana Diaz	2725 Montego Bay
Add			Blud, Kissimmee
Remove 3) Change	\mathcal{T}	Nidia Y Ci luntes	FL, 34746
Add		Hernandez	4827 Kingston Gir
X Remove			Kissimmee, FL
4) Change	P	Liliana Monte	34746
X Add			219 Brighton Way
Remove	_		Casselberry FL
5) Change	VP	Duber Vargas	32707
X Add			219 Brighton Way
Remove			Casselberry, FL
(6) Change			32707
Add			
Remove			

If amending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific)	
N/A	
	_
	
	
	
	SE 22
	2024 SEF
	- <u> </u>
	24 AFR
	TARY OF STATE
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:	E 2
(if not applicable, indicate N/A)	四国 四
N/A	in +

5.00		
The date of each amendment(s) a	Joption:	, if other than the
date this document was signed.	20 12 21	
Effective date if applicable:	09-12-2024 (no more than 90 days after amendment file da	
	(no more than 90 days after amendment file da	ite)
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirem epartment of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shar	eholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes cast for the sufficient for approval.	amendment(s)
☐ The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. The followeach voting group entitled to vote separately on the amenda	wing statement nent(s):
	for the amendment(s) was/were sufficient for approval	
by		
•	(voting group)	
Dated	09-13-2024	
Signature	09-13-2024 Ohr. L. Q.d	
(By a c selecte	lirector, president or other officer – if directors or officers hard, by an incorporator – if in the hands of a receiver, trustee, and fiduciary by that fiduciary)	
	Alexander Oviedo	<u></u>
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

\$ 1 1 1 1 2 54 2024 SEP 24 PH 2: 54 SECRETARY OF STATE TALLAMASSEE, FL