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PICK-UP	☐ WAIT	MAIL
		
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Cilia a Office a	
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Diamon	d window + Pressure	Cleaning	Company,
DOCUMENT NUMBER: P9700	00 37422		Inc.
The enclosed Articles of Amendment and fee a	are submitted for filing.		
Please return all correspondence concerning th	is matter to the following:		
michael D	of Contact Person		
Name	of Contact Person		
Fi	rm/ Company		
10630 Aven	Address		
	Gardens FL 33418 state and Zip Code		
Olly, U	and and any code		
E-mail address: (to be use	d for future annual report notification)	<u>-</u>	
For further information concerning this matter,	please call:		
Michael Diamond Name of Contact Person	at(561) 758-5	741	
Name of Contact Person	Area Code & Daytime Teleph	one Number	
Enclosed is a check for the following amount m	nade payable to the Florida Departme	ent of State:	
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of State Certified Copy (Additional Copy is enclosed)	ıs
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

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	ticles of Amend to cles of Incorpo of		~ 4 /	JOINON SPA	
Diamond Window + (Name of Corporation as curr	Picssure C	leaning Cou		Inc. 200	
P9700003				——————————————————————————————————————	
Pursuant to the provisions of section 607.100 following amendment(s) to its Articles of Incomparison of the control of the con		tes, this <i>Florida</i>	Profit Corpo	eration adopts the	
A. If amending name, enter the new name o	f the corporation	<u>n:</u>			
"Co". A professional corporation nam association," or the abbreviation "P.A." B. Enter new principal office address, if app (Principal office address MUST BE A STREE	olicable: ET ADDRESS)	the word "che	artered," "p	professional	
association," or the abbreviation "P.A." B. Enter new principal office address, if app (Principal office address MUST BE A STREE	olicable: ET ADDRESS)	the word "che	artered," "p	professional	
association," or the abbreviation "P.A." B. Enter new principal office address, if app (Principal office address MUST BE A STREE) C. Enter new mailing address, if applicable	olicable: ET ADDRESS) E CE BOX	address in Florid			
association," or the abbreviation "P.A." B. Enter new principal office address, if app (Principal office address MUST BE A STREE) C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI) D. If amending the registered agent and/or a	olicable: ET ADDRESS) E CE BOX	address in Florid			
association," or the abbreviation "P.A." B. Enter new principal office address, if application office address MUST BE A STREE C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE) D. If amending the registered agent and/or the new registered agent and/or the new registered agent and/or the new registered agent.	olicable: ET ADDRESS) CE BOX registered office stered office add	address in Florid			

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.

Signature of New Registered Agent, if changing

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)

<u>Title(s)</u>	<u>Name</u>	<u>Address</u>
1) <u> </u>	Timothy Hicks	Palm Beach Gardens FC 33420
2) <u>D</u>	Jesse Hides	Polm Beach Gardens FL 33420
3) D	Thomas Hicks,	Polm Beach Gardens FL 33420
4) <u>PD</u>	Michael Diam	palm Brach Gardens, Ft 33418
5)		patric place Gardins, pc 33/18
6)		
If REMOVING an removed:	officer and/or director, please	list the title(s) and name of the officer/director to be
Title(s)	<u>Name</u>	Title(s) Name
1)		4)
2)		5)
3)		6)

(attach additional	sheets, if necessary).	(Be specific)
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If an amendmen	t provides for an exc	hange, reclassification, or cancellation of issued shar
<u>provisions for in</u>	t provides for an exc aplementing the amenable, indicate N/A)	hange, reclassification, or cancellation of issued shared and the amendment itself:
<u>provisions for in</u>	iplementing the amei	hange, reclassification, or cancellation of issued shar adment if not contained in the amendment itself:
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The date of each amendment(s) a	doption: 10	31-11
Effective date <u>if applicable</u> :	(date of a	doption - required)
(no	16-31-11 more than 90 days after am	endment file date)
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad by the shareholders was/were su	opted by the shareholders. Ifficient for approval.	The number of votes cast for the amendment(s)
		hrough voting groups. The following statemen o vote separately on the amendment(s):
"The number of votes cast f	for the amendment(s) was/was/was/was/was/was/was/was/was/was/	ere sufficient for approval
by	ng group)	.,,
(voti	ng group)	
The amendment(s) was/were add action was not required.	pted by the board of directo	rs without shareholder action and shareholder
The amendment(s) was/were ado action was not required.	pted by the incorporators wi	thout shareholder action and shareholder
Dated	-31-11	_
Signature	-31-11	
selected,		cer – if directors or officers have not been e hands of a receiver, trustee, or other court
_	Michael D	me of person signing)
	(Typed or printed na	me of person signing)
	President	
	(Title of perso	n signing)