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(Ac	idress)		
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(Ci	ty/State/Zip/Phone	e #)	
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TALLANASSLE, FLORE

JUL 01 2015

COVER LETTER

TO: Amendment Section Division of Corporations

	RATION: Reliable Pr		Inc.		
DOCUMENT NUM	BER: P9900005694	5			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	Gary Burke				
		Name of Contact Person	1		
	Reliable Pressure Cleaning Inc.				
	· · · · · · · · · · · · · · · · · · ·	Firm/ Company	<u> </u>		
	5294 Mahogany I	Run Ave			
		Address	· · · · · · · · · · · · · · · · · · ·		
	Sarasota, FL 342	241			
		City/ State and Zip Code	2		
pat	syandgary@como	cast.net			
<u>'</u>		sed for future annual report	notification)		
For further informatio	n concerning this matter, pleas	se call:			
Gary Burke		_{at (} 941	780-5814		
Name	of Contact Person		de & Daytime Telephone Number		
Enclosed is a check for	r the following amount made	payable to the Florida Depa	urtment 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 Status Certified Copy (Additional Copy is enclosed)		
Ame Div P.O	ching Address endment Section ision of Corporations Box 6327 ahassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301		

Articles of Amendment

JUN 22 JF 11: 24

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	10
	Articles of Incorpora
	of
NOTE OF THE PARTY	

Reliable Pressure Cleaning Inc.

(Name of Corporation as currently filed with the Florida Dept. of State) P99000056945

(Document Number of Corporation (if known)

imendment(s) to

A. If amending name, enter the new name of the	e corporation:			
name must be distinguishable and contain the	I 10 10 10 10 10 10 10 10 10 10 10 10 10		. 101	_The ne
name must be assunguishable and contain the v "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or i	orp," "Inc," or "Co". A profess	or incorporati	inea or the a ion name must	ooreviaii contain t
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A				-
				_
C. Enter new mailing address, if applicable:				
(Mailing address <u>MAY BE A POST OFFICE</u>	<u>BOX</u>)			-
				-
D. If amending the registered agent and/or regi	internal office address in Florida	ontor the same	of the	-
new registered agent and/or the new register		emer the name	orthe	
Name of New Registered Agent				
	(Florida street address)			
New Registered Office Address:	(Citv)	, Florida	(Zip Code)	-
	· · · · ·		,	
	D. ofrance I. A. contr			
	D			
New Registered Agent's Signature, if changing l I hereby accept the appointment as registered agen		the obligations	of the position.	

If amending the Officer's 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)

i

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 <math>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	DT John D		
-	PT John D		
X Remove	<u>V</u> <u>Mike J</u>	<u>ones</u>	
X Add	<u>SV</u> <u>Sally S</u>	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Charles Sauer	3305 Yorktown Sarasota, FL 34231
Add			Sarasota, FL 34231
	,	^	
2) Change	5/1	Matthew R. Stephen	Venice, FL 34293
Add			Venice, FL 34293
Remove		,	
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Artic (Attach additional sheets, if necessary).	(Be specific)
· · · · · · · · · · · · · · · · · · ·	
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
	1

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	- "
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 6.16.2015	
Signature Lary W. Burle	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
Gary W. Bunkle (Ayped or printed name of person signing)	
(Ayped or printed name of person signing)	
(Typed or printed name of person signing) President (Title of person signing)	
(Title of person signing)	