P/500083299

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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2815 OCT 26 PH 2: 58

OCT 27 2014 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: ANJAI COIN LAU	JNDRY INC.	
DOCUMENT NUME			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this mat	tter to the following:	
	NIRIAM M. PEREZ		
		Name of Contact Person	
	NMP PROFESSIONAL SER	VICES, INC.	*
		Firm/ Company	
	2500 SW 107 AVE. STE 8		
		Address	
	MIAMI, FL 33165		
		City/ State and Zip Code	e
nmnn	professionals@bellsouth.net		
	-	ed for future annual report	notification)
	E man address. (to be as	ed for future aimed report	nonneation)
For further information	n concerning this matter, pleas	e call:	
NIRIAM M PEREZ		at (221-8176
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	rtment 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 Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle essee, FL 32301

Articles of Amendment to Articles of Incorporation of

ANJAI COIN LAUNDRY INC			
(Name of Corpora	tion as currently filed with the Florid	a Dept. of State)	
P15000083299			
(Doct	ument Number of Corporation (if known	i)	
Pursuant to the provisions of section 607.1006, Flori its Articles of Incorporation:	ida Statutes, this <i>Florida Profit Corpora</i>	tion adopts the following at	nendment(s) to
A. If amending name, enter the new name of the	corporation:		
ANJAI INC		r_{i}	ie new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or the B. Enter new principal office address, if applications and the second s	rp," "Inc," or "Co". A professional c ne abbreviation "P.A." ple:	reorporation name must con	iain the
(Principal office address <u>MUST BE A STREET Al</u>	<u>ODRESS</u>)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	30X)	20 (20 (20 (20 (20 (20 (20 (20 (20 (20 (26 130 35
D. If amending the registered agent and/or regist new registered agent and/or the new registere		he name of the	PH 2: 59
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:		, Florida	
	(City)	(Zip Code	e)

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, 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>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			<u> </u>
3) Change	-		
Add			
Remove			
4) Change			
Add			-
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

famending or adding additional Art Attach additional sheets, if necessary).	(Be specific)	
	<u> </u>	
- · · · · · · · · · · · · · · · · · · ·		
f an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,	
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:	
	· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) ad date this document was signed.	option:	, if other than the
Effective date <u>if applicable</u> :		
Effective date <u>frappilicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this dartment of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopty the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment ficient for approval.	(s)
☐ The amendment(s) was/were appropriately provided for a	oved by the shareholders through voting groups. The following staten each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by	27	
	(voting group)	
The amendment(s) was/were adoption was not required.	sted by the board of directors without shareholder action and sharehold	ler
☐ The amendment(s) was/were adopaction was not required.	sted by the incorporators without shareholder action and shareholder	
10/22/2015 Dated	A 2 0 8 11	
Signature	lange clare James James	
selected	ector, president or other officer — if directors or officers have not been by an incorporator — if in the hands of a receiver, trustee, or other could fiduciary by that fiduciary)	ırt
	ANGEL OCARIS JAIMES MARQUEZ	
-	(Typed or printed name of person signing)	
	PRESIDENT	
-	(Title of person signing)	