## 406501

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
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## FLORIDA DEPARTMENT OF STATEURE

Division of Corporations

March 29, 2021

EUGENE W. KLIGMANN 8510 NW 56 STREET **DORAL, FL 22166** 

SUBJECT: COMMERCIAL LAUNDRIES, INC.

Ref. Number: 406501

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please check ONLY (1) box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Moore Regulatory Specialist II

Letter Number: 321A00006540

See Congressed Last Page

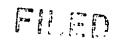
www.sunbiz.org

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPORA             | TION: COMMERCIAL L   | AUNDRIES, INC.  |  |
|-----------------------------|--|---|--|
| DOCUMENT NUMBE              | R:   |   |  |
| The enclosed Articles of    | Amendment and fee are su   | bmitted for filing.   |  |
| Please return all correspo  | ondence concerning this ma   | tter to the following:  |  |
| EU                          | JGENE W. KLIGMANN  |   | 1  |
| _                           |  | Name of Contact Perso   | on I   |
| <u></u>                     |  | Firm/ Company   | <del></del>  |
| 85                          | 10 N.W. 56 STREET  |   | ·  |
|                             |  | Address   | <u> </u>   |
| De                          | ORAL, FL 22166   |   |  |
| _                           |  | City/ State and Zip Cod   | de   |
| ge                          | ne@ciifl.com   |   | }<br>}   |
|                             | E-mail address: (to be us  | sed for future annual repor                                       | t notification)  |
| For further information c   | oncerning this matter, pleas   | se call:  |  |
| W. RODGERS MOORE            | , ESQ.   | at ( <u>561</u>   | 394-7944   |
| Name of                     | Contact Person   | Area C  | ode & Daytime Telephone Number   |
| Enclosed is a check for the | ne following amount made   | payable to the Florida Dep  | partment of State:   |
| ■ \$35 Filing Fee           | \$43.75 Filing Fee & Certificate of Status                                     | \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | S52.50 Filing Fee Certificate of Status   Certified Copy (Additional Copy is enclosed)           |
| Amend<br>Divisio<br>P.O. B  | g Address<br>Iment Section<br>on of Corporations<br>ox 6327<br>assee, FL 32314 | Amen<br>Divisi<br>The C<br>2415                                   | dment Section of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303 |

## Articles of Amendment to Articles of Incorporation of



COMMERCIAL LAUNDRIES, INC.

2021 APR 12 PM 3: 19

| COMMERCIA           | AL ENGINDRIES, INC.                               |  |                                 | 15 111 3. 1                           | 3           |
|---------------------|---|--|---------------------------------|---------------------------------------|-------------|
|                     | (Name   | of Corporation as currently  | y filed with the Florida De     | pt: of State)                         | _           |
| 59-1416902          | INChan  | of Corporation as currently  | •                               | TALL AHASSES AT                       | E           |
|                     |   | (Document Number of  | Corporation (if known)          | Marindon C. F.                        |             |
|                     | 1   | (Document Number of  | corporation (it known)          |                                       |             |
|                     | e provisions of section 607<br>Incorporation:     | 7.1006, Florida Statutes, this A   | Florida Profit Corporation      | adopts the following amend            | dment(s) to |
| A. <u>If amendi</u> | ng name, enter the new r                          | name of the corporation:   |                                 |                                       |             |
|                     |   |  |                                 | The                                   | new         |
| "Inc.," or Co       | o.," or the designation "                         | n the word "corporation," "c<br>Corp," "Inc," or "Co". A<br>" or the abbreviation "P.A." |                                 |                                       |             |
| R Enternew          | principal office address                          | if applicable:   |                                 | ţ.                                    |             |
|                     | ice address MUST BE A S                           |  | ·                               |                                       | _           |
|                     | <del></del>                                       | ,  |                                 | <u> </u>                              |             |
|                     |   |  |                                 |                                       |             |
|                     |   |  |                                 | ï                                     |             |
|                     | v mailing address, if app                         |  |                                 | 1                                     |             |
| (Mailing a          | iddress <u>MAY BE A POST</u>                      | OFFICE BOX)  |                                 |                                       | _           |
|                     |   |  |                                 |                                       |             |
|                     |   |  |                                 | <u> </u>                              |             |
|                     |   |  |                                 | · · · · · · · · · · · · · · · · · · · | _           |
| D. Ifamendii        | ng the registered agent a                         | nd/or registered office addr   | ess in Florida, enter the n     | ama of the                            |             |
|                     |   | w registered office address:   |                                 | anc or the                            |             |
|                     | of New Registered Agent                           | FUGENE W KLIGMANN  |                                 |                                       |             |
|                     |   | 8510 N.W. 56 STREET  |                                 |                                       |             |
|                     |   | (Florida stre  | est address)                    |                                       |             |
|                     |   | DORAL  | •••••                           | . 33166                               |             |
| <u>New 1</u>        | <u>Registered Office Address</u> :                | ·  | (Circl                          | Florida 33166                         | _           |
|                     |   |  | (City)                          | (Zip Code)                            |             |
|                     |   |  |                                 |                                       |             |
|                     |   |  |                                 |                                       |             |
| New Register        | ed Agent's Signature, if the appointment as reals | <mark>changing Registered Agent:</mark><br>stered agent. I am familiar w                 | with and accept the obligation  | ons of the nosition                   |             |
| r nereby accep      | n me appointment as regis                         | nerea agera. 1 am jamata 11  | and accept the obligant         | ms of the position.                   |             |
|                     |   |  |                                 |                                       |             |
|                     | 6   | CH   |                                 |                                       |             |
|                     | <del></del>                                       | Signature of New Re  | <br>gistered Agent, if changing |                                       |             |
|                     | <i>V</i>  |  |                                 |                                       |             |
| Check if appl       | icable  | ·  |                                 |                                       |             |
| □ I ne amend        | ment(s) is/are being filed [                      | pursuant to s. 607.0120 (11) (   | e), r.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<br>(Check One) | <u>Title</u> | Name                  | <u>Addres</u> s          |  |  |
| l) Change                     | DP           | JACK STEWART          | 8510 N.W. 56 ST          |  |  |
| Add                           |              |                       | DORAL, FL 33166          |  |  |
| XX Remove                     |              |                       |                          |  |  |
| 2) Change                     | CEO, I       | EUGENE W. KLIGMANN    | 8510 N.W. 56 <b>\$</b> T |  |  |
| XX Add                        |              |                       | DORAL, FL 33166          |  |  |
| Remove<br>3) XX Change        | P, T,D       | JOHN STEWART, JR.     | 8510 N.W. 56 ST          |  |  |
| Add                           |              |                       | DORAL, FL 33166          |  |  |
| Remove                        |              |                       | <del></del>              |  |  |
| 4) Change                     | V, S, D      | BONNIE STEWART HARPER | 8510 N.W. 56 ST          |  |  |
| XX Add                        |              |                       | DORAL, FL 33166          |  |  |
| Remove                        |              |                       | <u>-</u>                 |  |  |
| 5) Change                     | V            | ADAM REEVES           | 8510 N.W. 56 ST          |  |  |
| XX Add                        |              |                       | DORAL, FL 33166          |  |  |
| Remove                        |              |                       |                          |  |  |
| 6) Change                     |              |                       |                          |  |  |
| Add                           |              |                       |                          |  |  |
| Remove                        |              |                       | <del></del>              |  |  |

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|  | (s) adoption:   | , if other than       |
|--|---|-----------------------|
| date this document was signed.                           |   |                       |
| Effective date if applicable:                            |   |                       |
|  | (no more than 90 days after amendment file date)  |                       |
|  | this block does not meet the applicable statutory filing requirements, this date whe Department of State's records.   | vill not be listed as |
| Adoption of Amendment(s)                                 | (CHECK ONE)   |                       |
| ■ The amendment(s) was/wer action was not required.      | re adopted by the incorporators, or board of directors without shareholder action a   | and shareholder       |
| ☐ The amendment(s) was/wer<br>by the shareholders was/we | re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.  |                       |
|  | re approved by the shareholders through voting groups. The following statement ad 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)  |                       |
|  | 4/1/2021  |                       |
| Signature  | Cing to / Klipa   |                       |
| (B   | y a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary) |                       |
|  | EUGENE W. KLIGMANN  |                       |
|  | (Typed or printed name of person signing)   |                       |
|  | CEO   |                       |
|  | (Title of person signing)   |                       |

the

the