406501

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	(Business Entity Name)
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2024 AUG 16 PH 2: 07 SECRETARY OF STATE TALLAHASSEE, FL

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TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Commercial Laundries, Inc.

DOCUMENT NUMBER: 406501

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

John H. Stewart

Name of Contact Person

Commercial Laundries, Inc.

Firm/ Company

8510 NW 56 Street

Address

Doral, FL 33166

City/ State and Zip Code

john@ciifl.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tallahassee, FL 32314

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	John Stewart		at (³⁰⁵	592-7990		A A	"fi
	Name of	Contact Person	· · · · · · · · · · · · · · · · · · ·	e & Daytime Telephone Number	>	AUG	-
	Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:	HASSE	16 PH	Г IT
\checkmark	\$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certificate of Status Certified Copy (Additional Copy is enclosed)	" STATE IE, FL	1 2: 07	\Box
		ng Address adment Section	<u>Street A</u> Amendr	Address nent Section			
		ion of Corporations 30x 6327		n of Corporations ntre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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Articles of Amendment to Articles of Incorporation of

Commercial Laundries, Inc.					
(Name of Corporation as currently	filed with the Florida I	Dept. of State)			—
406501					
(Document Number of	Corporation (if known)				
Pursuant to the provisions of section 607,1006, Florida Statutes, this F_{i} its Articles of Incorporation:	lorida Profit Corporatio	<i>m</i> adopts the fo	llowing ameno	dment(s) to
A. If amending name, enter the new name of the corporation:	N/h		The	11,215,	
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."			reviation "Cor	p., "	
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)					
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAYBE A POST OFFICE BOX</u>)	N [19]				
D. If amending the registered agent and/or registered office addres new registered agent and/or the new registered office address:	ess in Florida, enter the				
Name of New Registered Agent	<u> </u>		v	~3	
iFlorida stree	et address)	, Florida		024 AUG	стр. 1 са.,
<u>New Registered Office Address</u> : (0 <u>New Registered Agent's Signature, if changing Registered Agent:</u> I hereby accept the appointment as registered agent. I am familiar wi	City)	, i ionua	SECRETARY OF STAT	16 PM 2: 07	

Signature of New Registered Agent, if changing

Check if applicable

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The amendment(s) is/are being filed 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^{\perp} Vice President; T^{\perp} Treasurer; S^{\perp} Secretary; D^{\perp} Director; TR^{\perp} Trustee; C^{\perp} 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: <u>X</u>Change

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PT John Doe

<u>X</u> Remove	<u>V</u> <u>N</u>	<u>tike Jones</u>		
<u>X</u> Add	<u>sv</u> <u>s</u>	ally Smith		
<u>Type of Action</u> (Check One)	Title	Name	<u>Addres</u> s	
1)Change	P, T, D	John H. Stewart	8510 NW 56 Street	-
Add			Doral, FL 33166	_
Remove				
2) X Change	<u>v</u>	Adam G. Reeves	8510 NW 56 Street	-
Add			Doral, FL 33166	-
Remove 3) Change				_
Add				202
Remove				2024 AUG
4) Change				91 91
Add			ASSEE,	Ч Ч
Remove				$\dot{\Sigma}$
5) Change				۲U
Add				-
Remove				
6) Change				
Add				-
Remove				

E.	If amending	or adding	<u>(additional</u>	Articles,	enter	change(s)	<u>here</u>

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(Attach additional sheets, if necessary). (Be specific)		
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If an amendment provides for an exchange, reclassification, or cancellation of issued shares,		
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: (if not applicable, indicate N/A)	SEC T/	2024
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	SSE	
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Effective date if applicable:

(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)

(CHECK ONE)

- The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- 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

	(voling group)		
select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary) John 11, Stewart	2024 AUG SECRET TALL	
	(Typed or printed name of person signing)		
	President	ASSE NSSE	
	(Title of person signing)	Z: UB STAT E, FL	