M 36801

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C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: UNIVERSITY DE	RY CLEANERS INC			
DOCUMENT NUMBI					
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.			
Please return all corresp	ondence concerning this ma	tter to the following:			
F	AUL FRANSON				
_		Name of Contact Person	n		
1	LEDGERPLUS				
_		Firm/ Company			
ī	150 SOUTH UNIVERSITY DRIVE SUITE C				
_		Address			
F	PLANTATION, FLORIDA	33324			
-		City/ State and Zip Cod	e		
PFRAN	NSON@LEDGERPLUS.CO	M			
	=	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
to tatale, information	concerning this matter, pica.	se ean.			
PAUL FRANSON		954 at ()		
Name of	Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)		
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			

ALTOFTARY DECISION OF CORE (BATTLE)

Articles of Amendment to Articles of Incorporation of

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UNIVERSITY DRY CLEANERS INC	
(Name of Corporation	as currently filed with the Florida Dept. of State)
M36801	
(Docume	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corr	porațion:
	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co" or the designation "Corp," word "chartered," "professional association," or the ab	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDR</u>	(ESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	,
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I a	tered Agent: am familiar with and accept the obligations of the position.
Signati	ure 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>	Name	<u>Addres</u> s
1) Change	P	LEON MOGILEVSKY	18434 NW 10TH STREET
Add			PEMBROKE PINES, FL 33029
x Remove			
2) Change	VP	MATHEW MOGILEVSKY	18434 NW 10TH STREET
x Add			PEMBROKE PINES, FL 33029
Remove			10424ANNY 40EV OED FFE
3) X Change	PS	LILIANA MOGILEVSKY	18434 NW 10TH STREET
Add			PEMBROKE PINES, FL 33029
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
6) Change			
Add			
Remove			

tach additiona	adding additional A all sheets, if necessary,). (Be specific)				
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		100				
						
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rovisions for	nt provides for an ex implementing the ar licable, indicate N/A)	nendment if not	fication, or cance contained in the	ellation of issued amendment itsel	<u>shares,</u> <u>f:</u>	
			· · · · · · · · · · · · · · · · · · ·			
						

OCTOBER 01, 2016	≱ -8 6 €1			
The date of each amendment(s) adoption:	if other)than the			
date this document was signed.	ガVISE V DF CORF ORALITH			
JUNE 25, 2016 Effective date if applicable:	2016 OCT 1 AM 8: 36			
(no more than 90 days after amendment file date)	7010 001 11 HU 0: 30			
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	date will not be listed as the			
Adoption of Amendment(s) (CHECK ONE)				
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendme by the shareholders was/were sufficient for approval.	nt(s)			
The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ement			
"The number of votes cast for the amendment(s) was/were sufficient for approval				
by				
(voting group)				
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	older			
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.				
Dated				
Signature Xhigher, 100gtw/				
(By a director, president or other officer – if directors or officers have not bee selected, by an incorporator – if in the hands of a receiver, trustee, or other co appointed fiduciary by that fiduciary)	en ourt			
LILIANA MOGILEVSKY				
(Typed or printed name of person signing)				
PRESIDENT / SECRETARY				
(Title of person signing)				