P090000033140

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DATE: 4/21/20

NAME: ASTHON CLEANERS INC

TYPE OF FILING: AMENDMENT

COST: 35.00

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ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: Amendment Section

Division of Corporations 090000231 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee **☐ \$**43.75 Filing Fee & **S43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

Articles of Amendment Artici

es of Incorporation of	2020 _{AFR 21}
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of	**************************************
Asthon Chances INC	. AFR 21 Alf 8:2
(Name of Corporation as currently filed with the Florida Dept. of Stat	
P0900022140	1.62
(Document Number of Corporation (if known)	Ĺ
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the its Articles of Incorporation:	: following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Ashton Cleaners TNC	The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the ac "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name mu "chartered," "professional association," or the abbreviation "P.A."	bbreviation "Corp.," ist contain the word
B. Enter new principal office address, if applicable: 3021 Profyre	Tris
(Principal office address MUST BE A STREET ADDRESS)	cilies
florida 34638	3
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
- 	
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	ıt
Name of New Registered Agent	<u></u>
(Florida street address)	
New Registered Office Address:	
(City)	(Zip Code)
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	

Check if applicable

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)

Example:

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.

X Change	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		,
_X Add	<u>\$V</u>	Sally Smith		NN
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	2020 AFR 21
1) Change				=======================================
Add				
Remove				
2) Change				<u> </u>
Add		•		
Remove Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change			-	
Add				
Remove				
6) Change			<u> </u>	
Add				
Remove				

amending or adding additional Articles, enter change(s) here: tach additional sheets, if necessary). (Be specific)	TO APD	_
N/A	2	21 14
	2020 APR	717 8
	-	
		•
an amendment provides for an exchange, reclassification, or cancellation	n of issued shares.	
rovisions for implementing the amendment if not contained in the ameng	dment itself:	
(if not applicable, indicate N/A)		
N/A		•
		•
		-
		_
		=
		-

			
The date of each amendment(s) ad	10ption: 04/01/20		if other than the
date this document was signed. Effective date if applicable:	04/01/20 (no more than 90 days after o	WZO APR 2/	4/ ₈
Note: If the date inserted in this bl document's effective date on the De	lock does not meet the applicable statutor		$\frac{6.26}{6}$ te will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		, ₇ ,
The amendment(s) was/were adoraction was not required.	pted by the incorporators, or board of dire	ctors without shareholder acti	on and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	opted by the shareholders. The number of officient for approval.	votes cast for the amendment(s)
	proved by the shareholders through voting geach voting group entitled to vote separate		ent
"The number of votes cast	for the amendment(s) was/were sufficient	for approval	
by			
	(voting group)		
Dated 04/6	21/20		
Signature	Branda Mannade	6	
selected	frector, president or other officer – if direct d, by an incorporator – if in the hands of a ted fiduciary by that fiduciary)		rt
	Break Martist		
	(Typed or printed name of pers	son signing)	

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