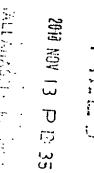
н)	Requestor's Name)	
- (A	(ddress)	
(A	Address)	
	City/State/Zip/Phone #)
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PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)
([Document Number)	
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Special Instructions t	o Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: The Laundry Lady	, Inc.	
DOCUMENT NUME	BER: P09000034575		
The enclosed Articles	of Amendment and fee are st	ibmitted for filing,	
Please return all corres	pondence concerning this ma	itter to the following:	
	Charles Abels Massic, CPA		
		Name of Contact Person	n
	Massie & Reilly, CPAs. PLL	.C	
		Firm/ Company	
	15671 San Carlos Blvd, Suite	e 201	
	,	Address	
	Fort Myers, FL 33908		
		City/ State and Zip Cod	С
charle	sm@cpamassie.com		
	E-mail address: (to be u	sed for future annual report	notification)
Car further information	concerning this matter, pleas	so call:	
rot itimei miormanor	reoncerning this matter, preas	se can,	
Charles Abels Massie, CPA		at (768-2171
Name o	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:
S35 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 ndment Section sion of Corporations Box 6327 shassee, FL 32314	Amenc Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of



The Laundry Lady, Inc.	The same of the sa
(Name of Corporation	as currently filed with the FloridaiDegu of State
(Documen	nt Number of Corporation (if known), Soll L. F.
	tatutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corp	oration:
N/A	The new
	"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:	N/A
(Principal office address MUST BE A STREET ADDRI	ESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered new registered agent and/or the new registered off	
N/A	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registo I hereby accept the appointment as registered agent. I a	ered Agent: on familiar with and accept the obligations of the position.
Signatu	are 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>РТ</u>	John Doe	
X Remove	V	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change		N/A	
Add			
Remove			
2) Change		_	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) 69			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)		
Amending Article IV from 4 authorized sha	res to 10,000 authorized	shares	
	,		
		,	<u> </u>
			
	,		
			
.			
	<u> </u>		
. If an amendment provides for an exch	inge, reclassification, or	cancellation of issued	shares,
provisions for implementing the amer (if not applicable, indicate N/A)	dment it not contained	<u>in the amenoment itse</u>	<u>II:</u>
V/A			
			· <u></u>
			·
			

•		30, 2018	
The date of each amendment(s) a date this document was signed.	doption:		, if other than the
	e 30, 2018		
Effective date <u>if applicable</u> :			
	(no	o more than 90 days after amendment file date)	
Note: If the date inserted in this I document's effective date on the De		neet the applicable statutory filing requirements, this date of s records.	will not be listed as the
Adoption of Amendment(s)	(CHECK	K ONE)	
☐ The amendment(s) was/were add by the shareholders was were so		eholders. The number of votes cast for the amendment(s) oval.	
		reholders through voting groups. The following statement up entitled to vote separately on the amendment(s):	
"The number of votes cast	for the amendmen	ent(s) was/were sufficient for approval	
by		 group)	
	(voting g	group)	
☐ The unendment(s) was/were add action was not required.	opted by the board	d of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	opted by the incor	rporators without shareholder action and shareholder	
June 30, 2 Dated	2018		
	5.4X	1 Build	
selecte		t or other officer – if directors or officers have not been rator – if in the hands of a receiver, trustee, or other court that fiduciary)	 -
	Scott A Gould	Sest A, Gov/d ed or printed name of person signing)	
	President	Sca HA Gould	
		(Title of person signing)	
		(Title of heison signific)	