(Re	questor's Name)	
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JUL 24 2014 T. CARTER

COVER LETTER

TO: Amendment Section

Division of Corporations		
NAME OF CORPORATION:	Thich Laundry Services, Inc.	
DOCUMENT NUMBER: PO 900	00 48 443	
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
FRA	Name of Contact Person Hech Laurdy Selvices, Inc. Firm/Company	
1	Name of Contact Person	
Hmer,	Firm/ Company Selvices, Inc.	
4967	SW 16) Ave Address May PL 33027	
	Address	
Mila	mar, PL 33027	
	City/ State and Zip Code	
FRA	COR13 Q AOL. COM	
	sed for future annual report notification)	
For further information concerning this matter, pleas	se call:	
Viviana Tout	at (<u>954)</u> 914-4443	
Name of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount made	payable to the Florida Department of State:	
\$35 Filing Fee S43.75 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	Street Address	
Amendment Section Division of Corporations	Amendment Section Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	

Articles of Amendment

Articles of Incorporation



14 JUL -7 AH 9: 44

idment(s) to

P090000		ida Dept. of State)		
(Document Number	r of Corporation (if k	nown)		
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this Flo	orida Profit Corporation ac	lopts the following ame	endme
A. If amending name, enter the new name of the	e corporation:			
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "C word "chartered." "professional association," or	Corp." "Inc," or "Co	o". A professional corpora	orated" or the abbrev	new riation in the
B. Enter new principal office address, if applica (Principal office address <u>MUST BE A STREET A</u>	<u>able:</u> 1 <u>DDRESS</u>)			
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE</u>	<u>BOX</u>)			
D. If amending the registered agent and/or reginew registered agent and/or the new register	red office address:		ne of the	
Name of New Registered Agent				
	(Florida street	(address)		
New Registered Office Address:	7715	, Florida		
	(Ciţy)		(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	Registered Agent: nt. am familiar wit	h and accept the obligation	s of the position.	
Signature	of New Registered Ago	ent 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	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	<u>V</u>	Alfredo Correa	12143 SW 25055
Add Remove	•		Homestrad, 1133032
2) Change	_V	Viviana H Trout	4967 SW 167 Ave Miraman, FL 33027
Add Remove			MITANIES, PC 33087
3) Change		_	
Remove			
4) Change			
Remove			
5) Change			
Remove			
6) Change	44.44 Lilian		
Remove			

Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)	
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,	
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:	

The date of each amendment(s) adoption: July 1, 2014 date this document was signed.	, if other than the
Effective date if applicable: (no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
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	
by" (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated June 24 204 Signature	
A Thomas II and	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Viviana H Trout	
(Typed or printed name of person signing)	
U. Pies.	
(Title of person signing)	