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C. LEWIS JUL 11 2014 EXAMMEN

COVER LETTER

TO: Amendment Section

Division of Corporations				
NAME OF CORPORATION: FRE	SHLY CLEANED INC.			
NAME OF CORPORATION: FRESHLY CLEANED INC. DOCUMENT NUMBER: P130000 49473				
The enclosed Articles of Amendment and fee are	e submitted for filing.			
Please return all correspondence concerning this matter to the following:				
ANA A. PEREZ				
	Name of Contact Person			
,	Firm/ Company			
5342 HAW	RS FL 33907 City/ State and Zip Code			
	Address			
FORT MYE	RS, FL 33907			
• • • • • • • • • • • • • • • • • • • •	City/ State and Zip Code			
E-mail address: (to be used for future annual report notification)				
(10 0	,			
For further information concerning this matter, please call:				
ANA A. PEREZ	at (239) 938-4637 Area Code & Daytime Telephone Number			
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 Certificate of Statu				
Mailing Address	Street Address			
Amendment Section Division of Corporations	Amendment Section Division of Corporations			
P.O. Box 6327	Clifton Building			

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation

PAIAI & TO PAINTED SECRETARY OF STATE SERVICE TO ROBING

FlESHLY CLEANED, INC.

14 JUN 25 PH 12: 53

1123119 010/11/00	
(Name of Corporation as currently filed with the Flo	rids Dept. of State)
P1300004947	73
(Document Number of Corporation (if k	
Pursuant to the provisions of section 607.1006, Florida Statutes, this FI its Articles of Incorporation:	forida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
FRESHLU CLEANEL) INC. The new
TRESHY CLEANE (name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name must contain the A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	5342 HAWKS LANDING DRIVE APT 202 FORT MYERS, FLORIDA 33907
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	FORT MYERS, FLORIDA 33907 SAME AS ABOVE
D. If amending the registered agent and/or registered office addresses new registered agent and/or the new registered office address:	
Name of New Registered Agent N/A	
(Florida stree	
New Registered Office Address: N 17+ (City)	, Florida(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi NA Signature of New Registered Agent:	

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>y</u>	Mike Jones	N/A	
_X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name	,	Address
1) Change			N/A	
Add				
Rетоvе			. 1	
2) Change			N/A	
Add				
Remove			N/A	
3) Change			TTA	
Remove				
4) Change	 -		N/A	
Add				
Remove			. /	
5) Change			NA	
Add				
Remove			j	
6) Change	<u> </u>	<u></u>	NA	
Add				
Remove				

	<mark>nding or adding s</mark> additional sheets,	if necessary).	(Be specific)	SINCLE.	
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I an ar	sions for impleme	enting the amen	inge, reclassificated management if not cont	lon, or cancellation of is ained in the amendmen	isued shares, t itself:
provis	f not applicable, it	ndicate N/A)	0//1		
provis (if					
provis (if			NA		
provis (ij			NIA		
provis (if			NA		
provis (ij			NA		
provis (ij			NA		
provis (ij			NA		
(i)			NIA		
(i)			NIA		

The date of each amendment(s) adoption:	NIA	FALED SECRETARY OF STATE TOTAPORROW OF CORPORATION	N [®] , if other than the
date this document was signed. Effective date if applicable:	6/17/14	14 JUN 25 PM 12: 53	3
	(no more than 90 days after am	endment file date)	
Adoption of Amendment(s) (CI	IECK ONE)		
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	shareholders. The number of vote approval.	es cast for the amendment(s)	
The amendment(s) was/were approved by the must be separately provided for each voting			
"The number of votes cast for the ame	ndment(s) was/were sufficient for	approval	
by	ting group)	, ,,	
(vo	ting group)		
The amendment(s) was/were adopted by the action was not required.	board of directors without shareho	older action and shareholder	
The amendment(s) was/were adopted by the action was not required.	incorporators without shareholder	action and shareholder	
Dated	114		
Signature	Butterst		
	ident or other officer — if directors or porator — if in the hands of a record by that fiduciary)		
	ANA A PERO	E2	
	(Typed or printed name of p	person signing)	
	PRESIDENT		
	(Title of person sign	ning)	