## P1500006/16

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: YNS DRY CLEAN	NING CORP		
DOCUMENT NUM	BER: P15000006146			
	of Amendment and fee are su	binitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	NORAILIS CRUZ			
	<del></del>	Name of Contact Person	n	
	YNS DRY CLEANING COR	₹P		
		Firm/ Company		
	1197 W 35TH ST	. ,		
		Address		
	HIALEAH, FL 33012			
		City/ State and Zip Cod	le	
For further information	on concerning this matter, pleas	se call: at (	290-9550	
	of Contact Person	at ( Area Co	) ode & Daytime Telephone Number	
	or the following amount made			
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address			Address	
	nendment Section	Amendment Section		
	vision of Corporations  D. Box 6327	Division of Corporations Clifton Building		
Tallahassee, FL 32314		2661 Executive Center Circle		

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

YNS DRY CLEANING CORP

(Name of Corp	poration as currently (	filed with the Flori	da Dept, of State)	
P15000006146				
(1	Document Number of C	lorporation (if know	m)	
Pursuant to the provisions of section 607,1006, I its Articles of Incorporation:	Florida Statutes, this <i>FI</i>	orida Profit Corpoi	vation adopts the following	owing amendment(s)
A. If amending name, enter the new name of	the corporation:			
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "word "chartered," "professional association," o	"Corp," "Inc," or "Co	o". A professional		
B. Enter new principal office address, if appl	icable:			
(Principal office address <u>MUST BE A STREET</u>				<del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC				
<ol> <li>If amending the registered agent and/or re new registered agent and/or the new registered.</li> </ol>		<u>s in Florida, enter</u>	the name of the	
Name of New Registered Agent	<del></del>			
			- ·	~3
	(Florida street	address)		· <del>(22)</del>
New Registered Office Address:			⊊ Florida •	(T)
	(C.	uy)		(Zip Gode)
			<u> </u>	Þ ·
			: " '	البيا. الم
New Registered Agent's Signature, if changing hereby accept the appointment as registered ag		h and accept the obj	; livations of the positi	<b>(0)</b> (0), (0)
	,	,	rg	
	Signature of New Reg.	istered Agent, if cha	nging	

## 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:	we, ana sai	ny Smith, 33° as an 20a.	
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) X Change	P	YULIAN M. SANTANA	1197 W 35TH ST
Add			HIALEAH, FL 33012
Remove			
2) Change	P	NORAILIS CRUZ	7835 NE 2ND AVE APT 1010
Add			MIAMI, FL 33138
X Remove			
3) Change			
Add			
Remove			
4) Change			_
Add			
Remove			
5) Change			
Add	-		
Remove			
6) Change			
Add			, <u></u>
Remove			

	(Be specific)
_ <del></del>	
<del>-</del>	
<u> </u>	
	t and the state of
If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
If an amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

•	12/12/2018	
	adoption:	, if other than th
date this document was signed.	2/12/2018	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this c Department of State's records.	late will not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendment sufficient for approval.	.(s)
	approved by the shareholders through voting groups. The following staten for each voting group entitled to vote separately on the amendment(s):	neni
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	der
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
12/12/2	318	
Dated	71 Asquer C	
Signature (Bv	a director, president or other officer – if directors or officers have not been	
	cted, by an incorporator – if in the hands of a receiver, trustee, or other co	
арр	ointed fiduciary by that fiduciary)	
	NORAILIS CRUZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	