## P16000039404

(Re	equestor's Name)	<u>``,,<del></del></u>		
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## **COVER LETTER**

TO: Amendment Section Division of Corporations				
NAME OF CORPORATION: Laundry-Cafe-Yo Inc  DOCUMENT NUMBER: P160 000 29404  The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Beateiz Tapanes Name of Contact Person				
P. O. Box 14-4505  CORAL GOBIES F1 33114				
CORAL GABLES F1 33114  City/ State and Zip Code  TAPANES b3 & Yahoo. com  E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Beateiz Tapanes at (305) 606-7773  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 Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed)				
Mailing AddressStreet AddressAmendment SectionAmendment Section				

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to

Articles of Incorporation

_	Inc.
P 160000 2940U	Tnc  ttly filed with the Florida Dept. of State)
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:  MODO-MART - YC	) T
	1110 1101
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	4\W
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 office ad new registered agent and/or the new registered office addre	
Name of New Registered Agent	
(Florida s	street address)
New Registered Office Address:	(City) Florida Zap Coder
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familian	nt: r with and accept the obligations of the position.

Signature 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>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>	<u>Name</u>	11	<u>Addres</u> s	
1) Change		· 	N/A	_	
Add					
Remove					
2) Change		<del> </del>		_	
Add					
Remove					
3) Change				_	
Add					
Remove					
4) Change				_	····
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove				· · · · · · · · · · · · · · · · · · ·	

(Attacl	additional sheets, if necessary). (Be specific)
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prov	amendment provides for an exchange, reclassification, or cancellation of issued shares, isions for implementing the amendment if not contained in the amendment itself:  if not applicable, indicate N/A)
	•

The date of each amendment(s) ad	option:	, if other than th
date this document was signed.	< 12 Nb	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this partment of State's records.	date will not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendme fficient for approval.	nt(s)
	proved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and shareholder	older
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated	512/16	
Signature	BINE	
	irecter, president or other officer – if directors or officers have not be d, by ar incorporator – if in the hands of a receiver, trustee, or other of	
	ted fiduciary by that fiduciary)	
	Beateiz JaPancs (Typed or printed name of person signing)	5
	1/200 Presing NIT	

(Title of person signing)