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T. HAMPTON NOV = 9 2010 EXAMINET

COVER LETTER

Division of Cor					
SUBJECT:	White Linen	Dry Cleaners, LLC.			
		ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspondence	ondence concerning this matter	to the following:			
		Rene F. Leoncio			
		Name of Person			
Leoncio & Associates, LLC.					
Firm/Company					
8302 Northwest 103rd Street, Suite # 106					
		Address			
	Hialea	h Gardens, Florida 33016			
City/State and Zip Code					
	rleoncio@bellsouth.net E-mail address: (to be used for future annual report notification)				
	E-mail address: (1	to be used for future annual report notifica	ation)		
For further information of	concerning this matter, please c	all:			
Rei	ne F. Leoncio		58-1700		
Name o	of Person	Area Code & Daytime	Felephone Number		
Enclosed is a check for t	he following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate Copy (additional copy is enclosed)		

MAILING ADDRESS:

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

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

10 NOV -8 PH 2:08

White (Name of the Limited (A	e Linen Dry Cleaners, LLC Liability Company as it now appears of Florida Limited Liability Company)	on our records.)		
The Articles of Organization for this Limited Lia Florida document number L07000108		vember 01, 201	O and assigned	
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liability company here:			
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company	," the designation "I	LC" or the abbreviation	
Enter new principal offices address, if applica	ible:		, ,	
(Principal office address MUST BE A STREET	T ADDRESS)	·		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE II B. If amending the registered agent and/or registered agent and/or the new registered office.)	or registered office address on ou	r records, <u>enter t</u>	he name of the new	
Name of New Registered Agent:	Rene F. Leoncio			
New Registered Office Address:	8302 Northwest 103rd Street, Suite # 106 Enter Florida street address			
	Hialeah Gardens City	, Florida	33016 Zip Code	
New Registered Agent's Signature, if changing R	legistered Agent:		•	
I hereby accept the appointment as registered the provisions of all statutes relative to the praccept the obligations of my position as regis being filed to merely reflect a change in the recompany has been notified in writing of this company has	roper and complete performance of stered agent as provided fo r jin Cha registered office address, Yhereby c	my duties, and I do oter 608, F.S. Or,	nm familiar with and if this document is nited liability	

If Changing Registered Agent, Signature of New Registered Agent

• If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member <u>Title</u> **Address Type of Action** <u>Name</u> MGR Madeleine Gonzalez 8044 Northwest 90th Street ✓ Add Medley, Florida 33166 Remove ☐ Remove Add Remove ∏Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) November 1st 2010 Dated_ Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00

Antonio Rodriguez
Typed or printed name of signee