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(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nam	ne)
(Dod	cument Number)	_
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SECRETARY OF STATE

Y. SCOTT MAR - 1 2022

COVER LETTER

	ision of Cor			_	š	
SUBJECT:	Linen Hous	ses. LLC			f	
SUBJECT:	•	Name of Lin	nited Liability Company		. ••	
The encloses	d Articles of	Amendment and fee(s) are sub	unitted for filing			
		indence concerning this matter	-			
rease return	r arr correspo	macrice concerning this manter	to the following.			
		Youssef Khowessah				
			Name of Person			
		Linen Houses, LLC			20 S	
			Firm/Company		22 F TAL	_
		502 S Fremont Ave. Apt 7	702		ETA LLAI	; - 5
			Address		13.5 13.5 13.5 13.5 13.5 13.5 13.5 13.5	, ,
		Tampa, Florida 33606			SECRETARY OF STATE	E o
			City/State and Zip Code		TAT	 ⊋
		youssef.khowessah@jlinen	s.com to be used for future annual report notic	T	LL, ,	رد
For further is	nformation co	oncerning this matter, please of	-	reation;		
Youssef Kho			813 2403308			
· · ·	Name of	Person	at ()	: Telephone Number		
Enclosed is a	check for th	c following amount:				
□ \$ 25.00 F	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	
Reg	iling Address gistration S	Section	Street Address: Registration Sec	etion		
	vision of Co D. Box 632	orporations	Division of Con The Centre of T	porations		
	lahassee, F			arranassee Street, Suite 810)	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp.	any as it now appears on our records.) Liability Company)	
(А Рюнца Елишев	Liability Company)	
he Articles of Organization for this Limited Liability Company	were filed on 03/29/2018	and assigned
orida document number L18000080243		
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited lial	bility company here:	
ne new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or	the abbreviation "L.L.C."
nter new principal offices address, if applicable:	502 S Fremont Avc, Apt 702	_
Principal office address MUST BE A STREET ADDRESS)	Tampa, Florida 33606	2027 S.E.
The part of the author to the Al Other The States		PAR THE
		AA - F
nter new mailing address, if applicable:	502 S Fremont Ave, Apt 702	1 9 E
Mailing address MAY BE A POST OFFICE BOX)	Tampa, Florida 33606	- SEP
Hadding dutaress MAT BE A TOST OFFICE INVA		3: C
	 	- E &
. If amending the registered agent and/or registered office	address on our records, enter the	e name of the new regist
gent and/or the new registered office address here:		
Name of New Registered Agent:		
		·
New Registered Office Address:	Enter Florida street address	
	171±	4
·	, Florid	da Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
	 		□Add
			☐ Remove
			SEURETA TALLA
			SEURETALY OF STATE TALLAHASSEE FL
			□Add
		 	□Remove
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fective date, if other than the date of filing:		_ (optional)	
an effective date is listed, the date must be specific and cannot be prior to date of the listed in this block does not meet the applicable standard and the prior to date of the date inserted in this block does not meet the applicable standard and the prior to date of the prior to	of filing or more than 90 d latutory filing requireme	ave after filing \	Pursuant to 605,0
ecument's effective date on the Department of State's records.			
poord specifies a delegad effective data the control of	10.00		
ecord specifies a delayed effective date, but not an effective time, at is filed.	12:01 a.m. on the earlie	erof: (b) The	90th day after t
W2 W2 Tr v2 2			
ated			
V1/1/2			
7 // \			
Signature of a member or authorized r	enresentative of a member		