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COVER LETTER

TO:

TO: Registration Se Division of Cor		•	
	Laundry LLC	•	
SUBJECT:	•	•	
	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Lorenzo Moll, Jr.		
		Name of Person	
	Maids Coin Laundry LLC		
		Firm/Company	2
	11460 SW 40th Street		
		Address	
	Miami, FL 33165		% - %
	lomotrading@gmail.com	City/State and Zip Code	PH 2:
	E-mail address: (to be used for future annual report noti	fication) , ri ω
For further information of	oncerning this matter, please c	all:	
Lorenzo Moll, Jr.		786 212-9774	
Vamu o	f Person	at () Area Code Daytim	e Telephone Number
Name 0	i r cisuti	Area Code Dayum	e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	
Registration S Division of C		Registration Se Division of Cor	
P.O. Box 632	•	The Centre of T	•
Tallahassee, l	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Maids Con Laundry LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our reco	<u>ords.</u>)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L20000320708}{L20000320708}$.	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Maids Coin Laundry LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		2020
		0
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그
		2:
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>ent</u>	er the name of the new register
New Registered Office Address:		
	Enter Florida strect add	ress
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
being filed to merely reflect a change in the registered office	performance of my duties, provided for in Chapter 60.	and I am familiar with and 5, F.S. Or, if this document is
accept the obligations of my position as registered agent as period being filed to merely reflect a change in the registered office company has been notified in writing of this change.	provided for in Chapter 60.	5, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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>	Name	Address	Type of Action
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			□Remove
			□Ađd
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record specifies a d is filed.	elayed effective d	ate, but not	an effective	time, at 12	2:01 a.m. on	the earlier o	rî: (b) - The	90th day	after the
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Filing Fee: \$25.00