L21000055529

| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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COVER LETTER

| Divisio | n of Corp | orations | | | | | | | | |
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| SUBJECT: | FX | LAB | BROS, LLO | Ċ | | | | | | |
| | | | Name of Limi | ited Liabili | ty Company | | | | | |
| | | | | | | | | | | |
| The enclosed Ai | rticles of A | Amendmen | it and fee(s) are subi | mitted for | filing. | | | | | |
| Please return all | correspor | idence con | cerning this matter | to the foli | owing: | | | | | |
| | | | shadley 1 | Magni | ne of Person | | | | | |
| | | <u>-F</u> | (LAB BRO | OS C | LE ANING | 5 LLC | · | | | |
| | | 211 | 4 N Flaw | vingo | Road # Address | 2162 | | | | |
| | | <u> Pen</u> | nbroke Pine | رج City/Sta | FL 3- ite and Zip Code | 3028 | | | | |
| | | | abbrosic @ E-mail address: (t | Yahao | . Com | | • | | | |
| | | | | | ior tuture annua | i report noui | ication) | | | |
| For turther info | rmation co | incerning t | his matter, please ca | all: | | | | | | |
| Shadle | y Ma | gny | | at | (305) | 746] | 876 | N | | |
| | Name of | rerson | | | Area Code | Daytine | генерин | ne .vumber | | |
| Enclosed is a ch | eck for the | e following | g amount: | ., | | | | | | |
| □ \$25.00 Filir | ng Fee | | 00 Filing Fee & tificate of Status | Ce | 5.00 Filing Fee ertified Copy ditional copy is en | | | Certified C | of Status & | |
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Mailing Address:

TO:

Registration Section

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| FX LAB Bros L | LC <u>5.2.00.</u> |
|---|--|
| (<u>Name of the Limited Liabil</u> (A Florid | lity Company as it now appears on our records:) |
| The Articles of Organization for this Limited Liability (| Company were filed on February 01, 2021 and assigned |
| Florida document number <u>L21000055529</u> | ' · |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the lim | nited liability company here: |
| FX LAB BROS CLEANIN | mited Liability Company," the designation "LLC" or the abbreviation "L.L.C." |
| The new name must be distinguishable and contain the words "Lin | mited Liability Company," the designation "L.L.C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET ADD | RESS) |
| | |
| | |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| | |
| B. If amending the registered agent and/or registere agent and/or the new registered office address here: | ed office address on our records, <u>enter the name of the new regi</u> e |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| | Enter Florida street address |
| | Florida |
| | City Zip Code |
| Now Registered Agent's Signature if changing Registers | and Agant. |

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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
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| ffective | date, if other than the | date of filing: | : | | | (optional) | | |
| | ve date is listed, the date mu he date inserted in this b | | | | | | | |
| ocument | 's effective date on the D | epartment of St | ate's records. | · | | | | |
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| | occifies a delayed effective | e date, but not a | n effective time | e, at 12:01 a.m. o | on the earlie | rof: (b) Th | e 90th day afte | r the |
| d is filed. | | | | | | | | |
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| ated | January Shally Shadley | | ~ O O O O | • | | | | |
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| | - Browning | Signature of a m | ember or authoriz | ed representative | of a member | | | |
| | | | | | | | | |
| | Shadley | 11/1/40:01 | . 1 | | | | | |