13000077673

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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то:	Registration Se Division of Cor		₹	
CHDI	Express 7 (Coin Laundry & Deli LLC		
SUBJ	ECI:	Name of Lim	ited Liability Company	-
The en	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Leodanis Quevedo		
			Name of Person	***************************************
		Express 7 Coin Laundry &	2 Deli LLC	
			Firm/Company	
		6323 Miramar Parkway		
			Address	10.
		Miramar, FL 33023		
			City/State and Zip Code	
		finsolcorp@gmail.com		
		E-mail address: (to be used for future annual report notifi	cation)
For fur	rther information co	oncerning this matter, please c	all:	
Leoda	nis Quevedo		305 305-8503 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclos	sed is a check for th	e following amount:		
\$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified 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

Express 7 Coin Laundry & Deli LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $_{-}$ $^{05/29/2013}$ and assigned Florida document number L13000077673 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) S Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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 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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
			Change
			Add
			Remove
			Change
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			Charge.

	Please Change FEI/EIN Number: 46-3348451	Change To: FEI/EIN Number: 81-1650081		
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Effect	ive date, if other than the date of filing:	(optional) t be prior to date of filing or more than 90 days after filing)	
Note:	If the date inserted in this block does not meet the	e applicable statutory filing requirements, this date	,.) Pursua: will no	nt to 605. t be liste
docun	nent's effective date on the Department of State's	records.		
he re	cord specifies a delayed effective date	but not an effective time, at 12:01 a.m.	on the	earlie
	90th day after the record is filed.		011 0110	
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		r or authorized representative of a member		

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Filing Fee: \$25.00