

LO1000004168

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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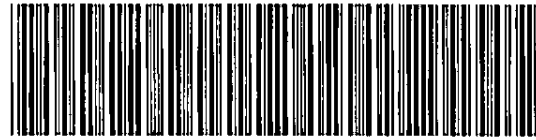
(Business Entity Name)

(Document Number)

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

S. WARREN

OCT 25 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CVL LINEN SERVICE, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARY B. DERUSSY

Name of Person

CVL LINEN SERVICE LLC

Firm/Company

15320 CORTEZ BLVD

Address

BROOKSVILLE, FL 34613

City/State and Zip Code

Mary.Derussy@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARY B. DERUSSY

352 340-5910
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 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**

CVL LINEN SERVICE, 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 MARCH 15th 2001 and assigned
Florida document number L01000004168.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

15320 CORTEZ BLVD

BROOKSVILLE, FL 34613

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:

MARY B. DERUSSY

New Registered Office Address:

15320 CORTEZ BLVD

Enter Florida street address

BROOKSVILLE

Florida

City

Zip Code

34613

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 = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|---------------------|-----------------------|--|
| P | JOHN G. DERUSSY, JR | 18742 SAKERA RD | <input type="checkbox"/> Add |
| | | HUDSON, FL 34667 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| P | MARY B. DERUSSY | 15320 CORTEZ BLVD | <input checked="" type="checkbox"/> Add |
| | | BROOKSVILLE, FL 34613 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated October 17th, 2017

Signature of a member or authorized representative of a member

MARY B. DERUSSY

Typed or printed name of signee

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FALLS CHURCH, VIRGINIA