L03000009877

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

HEALTH CARE LAUNDRY SOLUTIONS, LLC

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EXAMINER

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HEALTH CARE LAUNDRY SOLUTIONS, 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:

LAUREN M. ILVENTO, ESQ.
Name of Person

LAW OFFICE OF LAUREN M. ILVENTO, P.A.
Firm/Company

P.O. BOX 547082
Address

ORLANDO, FLORIDA 32854
City/State and Zip Code

Lauren@yourorlandolawyer.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LAUREN M. ILVENTO at (407) 841-0700
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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

HEALTH CARE LAUNDRY SOLUTIONS, 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 19, 2003 and assigned Florida document number L03000009877.

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 end with 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)

5036 DR. PHILLIPS BOULEVARD
SUITE 154
ORLANDO, FLORIDA 32819

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: Lauren M. Ilvento, Esq., Law Office of Lauren M. Ilvento, PA

New Registered Office Address: 450 NORTH WYMORE ROAD
Enter Florida street address

WINTER PARK, Florida 32789
City *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 608, 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

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If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGR	CRAIG MAYO	5824 PRECISION DRIVE ORLANDO, FLORIDA 32819	☐ Add ☑ Remove
MGR	KAREN J. BUTLER	8321 VINTAGE DRIVE ORLANDO, FLORIDA 32835	☑ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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Dated SEPTEMBER 24 2009

Karen J. Butler
Signature of a member or authorized representative of a member

KAREN J. BUTLER
Typed or printed name of signee

Filing Fee: $25.00

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