

LD3000009877

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Phone : (407) 691-0500
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

HEALTH CARE LAUNDRY SOLUTIONS, LLC

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C. LEWIS
SEP 25 2009
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 fees 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

Name of Person

at (407)

841-0700

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &
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☐ \$55.00 Filing Fee &
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☐ \$60.00 Filing Fee,
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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
Cotton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2009 SEP 24 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 "LLC."

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., 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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.)*

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

Page 2 of 2

Filing Fee: \$25.00

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