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(∺€	equestor's Name)	
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2011 JUL 18 AMII: 1.1
SECRETARY OF STATE

T. CLINE
JUL 19 2011
EXAMINER

COVER LETTER

Division of Co	rporations			
SUBJECT:	LAUND	RY KING, LLC		
	Name of Limi	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	SH	HLOMO CHELMINSKY		
		Name of Person		
	L	AUNDRY KING, LLC		
		Firm/Company		
	133	315 NE 6 AVE, OFFICE		
		Address		
	NC	ORTH MIAMI, FL 33161		
		City/State and Zip Code		
	de	ebby00@bellsouth.net		3. 0
	E-mail address: (to be used for future annual report	notification)	
For further information of	concerning this matter, please of	:all:		2011 JUL 18 SECRETAR)
Shlor	mo Chelminsky	at (305)	945-6667	TTI British
Name o	of Person	Area Code & D	aytime Telephone Number	OF STATE
				STA C
Enclosed is a check for t	he following amount:			DA I
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enc	losed) Certified	e of Status & Copy
			(additiona	al copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

LA	UNDRY KING, LLC	
(<u>Name of the Limited Lial</u> (A Flor	oility Company as it now appears on crida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liabili	ty Company were filed on	and assigned
Florida document numberL040007515	<u>9</u>	
This amendment is submitted to amend the following	g;	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," t	he designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	•	
(Principal office address MUST BE A STREET A	DDRESS)	255 2
		TARY ASSE
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>	— SS — 4 3
		ORIO III
		>
B. If amending the registered agent and/or r registered agent and/or the new registered office		ecords, enter the name of the new
jegistered agent andror the new jegistered office	auditess neite.	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Fl	orida street address
_		, Florida
	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

If amentling 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>	Address	Type of Action
MGRM	ALLEN CHELMINSKY	13315 NE 6 AVE, OFFICE NORTH MIAMI, FL 33161	✓ Add ☐ Remove
			Add Remove
			Add Remove
			Add Remove The Second
			SSEE, FLS
			Add Remove
D. If amend	ling any other information, enter ch	ange(s) here: (Attach additional sheets, if necessa	ary.)
Dated	July 14	, 2011 2 , harrie 2	
	Signature of a me	mber or authorized representative of a member	
	SI Ty	HLOMO CHELMINSKY //ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00