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T. HAMPTON

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EXAMINER

COVER LETTER

TO: Registration Section	
SUBJECT: Palm City Linen Services of Southwest Florida, 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:	
·	
Antoinette S. Gayer (Name of Person)	
(Name of Person)	
Fox & Ellis, Attorneys at Law (Firm/Company)	
(I macompany)	
4020 Del Prado Blvd. S., Suite A-1	
(Address)	
Cape Coral, FL 33904	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Antainana C. Oassan	
Antoinette S. Gayer at (239) 542-1412 (Name of Person) (Area Code & Daytime Telephone Number	r)
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified	e of Status &

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

SECRETARY OF STATE DIVISION OF CORPORATIONS

Palm City Linen Services of Southwest Florida, 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 Liabi	lity Company were filed on Septem	ber 26, 2007 and assigned	
Florida document number <u>L07000098334</u>	·		
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company here:		
Ft. Myers - Cape Cost Plus Linen Service	e, LLC		
The new name must be distinguishable and end with th "L.L.C."	e words "Limited Liability Company," t	he designation "LLC" or the abbreviation	
B. If amending the registered agent and/or registered agent and/or the new registered office		ecords, <u>enter the name of the new</u>	
Name of New Registered Agent:			
Name of New Registered Agent.			
New Registered Office Address:			
	(Enter Florida street address)		
<u>-</u>		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Regi	stered Agent:		
I hereby accept the appointment as registered a the provisions of all statutes relative to the prop accept the obligations of my position as register being filed to merely reflect a change in the regi company has been notified in writing of this cha	er and complete performance of my red agent as provided for in Chapte istered office address, I hereby conj	v duties, and I am familiar with and r 608, F.S. Or, if this document is	
	(If Changing Registered Agent, Si	gnature of New Registered Agent)	

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

2	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00