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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

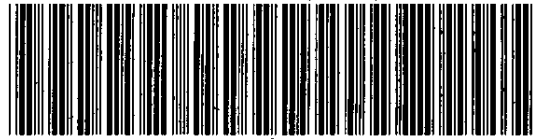
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE  
AUG 11 2008  
EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: VALET DRY CLEANERS, 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:

LOUKAS PALLIS  
(Name of Person)

VALET DRY CLEANERS, LLC  
(Firm/Company)

1045 PORT ORANGE WAY  
(Address)

NAPLES, FL. 34120  
(City/State and Zip Code)

For further information concerning this matter, please call:

LOUKAS PALLIS at (201) 874-9484  
(Name of Person) (Area Code & Daytime Telephone Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**

VALET DRY CLEANERS, 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 11-19-2007 and assigned Florida document number L07000116786.

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)

1045 PORT ORANGE WAY  
NAPLES, FL. 34120

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1045 PORT ORANGE WAY  
NAPLES, FL. 34120

**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:

LOUKAS PALLIS

New Registered Office Address:

1045 PORT ORANGE WAY

(Enter Florida street address)

NAPLES

Florida

34120

(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 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>
MGRM	LOUKAS PALLIS	1045 PORT ORANGE WAY NAPLES, FL 34120	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	VINCENZA SPINUTTA	1087 PORT ORANGE WAY NAPLES, FL 34120	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated AUGUST 06, 2008

Frank Spinutta  
Signature of a member or authorized representative of a member  
FRANK SPINUTTA  
Typed or printed name of signee