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Office Use Only



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2009 FEB - 5 PM 2: 22

C. LEWIS
FEB 6 2009
EXAMINER

COVER LETTER

TO:. Registration Division of C			
SUBJECT: Longl	eaf Dry Cleaners II, L (Name of Lim	LC ited Liability Company)	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	Jose DeVicente	OI CD	
		(Name of Person)	
	Longleaf Dry Cleaners II		
		(Firm/Company)	
	12959 State Road 54		
		(Address)	
	Odessa, Fl 33556		
		(City/State and Zip Code)	
For further information	n concerning this matter, please c	eall:	
2. 30	The state of the s	in the second of	e 6
Jose DeVicente (Name of Person)		at (813) 920-5288 x 307 (Area Code & Daytime T	elenhone Number)
Ç- 1 <u>—</u> 1		(
Enclosed is a check fo	r 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)
Regi Divi	ILING ADDRESS: stration Section sion of Corporations Box 6327	STREET/COURIER Registration Section Division of Corporation Clifton Building	

Tallahassee, FL 32314 For distant information of a malor strik as $\tan \alpha \beta = a$ or $\cos \alpha$ Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

FILED

2009 FEB -5 PM 2: 22

LongLeaf Dry Cleaners TL LELLAHASSES, FLORIDA

(A Florida Limited Liability Company)

(A Florida Limited Liability Company)

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) Description of 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: New Registered Office Address: (Enter Florida street address) Florida	(• • • • • • • • • • • • • • • • • • •		
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) Dessa, Fi 33556 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: New Registered Office Address: (Enter Florida street address) Florida	The Articles of Organization for this Limited Liability Company Florida document number <u>L08000090962</u> .	were filed on 9/24/08	and assigned
(Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: (Enter Florida street address) , Florida	This amendment is submitted to amend the following:		
**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) B. If amending the registered agent and/or registered office address on our records, enter the name of the ner registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: (Enter Florida street address) Florida	A. If amending name, enter the new name of the limited liab	oility company here;	·
(Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: (Enter Florida street address) , Florida		ited Liability Company," the d	esignation "LLC" or the abbreviation
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Dessa, Fi 33556 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: New Registered Office Address: (Enter Florida street address) , Florida	Enter new principal offices address, if applicable:	6608 Ridge Road	
(Mailing address MAY BE A POST OFFICE BOX) Odessa, Fi 33556 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: New Registered Office Address: (Enter Florida street address) , Florida	(Principal office address MUST BE A STREET ADDRESS)	Port Richey, FI 34668	
(Mailing address MAY BE A POST OFFICE BOX) Odessa, Fi 33556 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: New Registered Office Address: (Enter Florida street address) , Florida			
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: New Registered Office Address: (Enter Florida street address), Florida	Enter new mailing address, if applicable:	12959 State Road 54	
Name of New Registered Agent: New Registered Office Address: (Enter Florida street address), Florida	(Mailing address MAY BE A POST OFFICE BOX)	Odessa, Fl 33556	
	registered agent and/or the new registered office address her Name of New Registered Agent:	e: (Enter Flori	da street address)
		(City)	Florida(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 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>	Address	Type of A	<u>ction</u>
MGRM_	Trey Starkey	12959 SR 54 Odessa, Fl 33556	Add Remove	:
MGR	Trey Starkey	12959 SR 54 Odessa, Fl 33556	Add Remove	;
MGRM_	Rick McClure	12959 SR 54 Odessa, Fl 33556	□□□ Add □□□□ Remove	;
MGR	Rick McClure	12959 SR 54 Odessa, Fl 33556	Add	;
MGRM_	Frank Starkey	12959 SR 54 Odessa, Fl 33556	Add ■ 7 Remove	
PRES	Rick McClure	12959 SR 54 Odessa, Fl 33556	Add	
D. If amending any other information, enter change(s) here: (Attach additional sheets, if ne VP - Trey Starkey; 12959 SR 54 Odessa, FI 33556 Secretary - Peggy McClure; 12959 State Road 54 Odessa, FI 33556 Treasurer - Trey Starkey; 12959 SR 54 Odessa, FI 33556		ssary.) ADD ADD ADD		
Dated C	Signature of a	member or authorized representative of a member Typed or printed name of signee Page 2 of 2	2009 FEB -5 PM 2: 22	

Filing Fee: \$25.00