L08000110302

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SECRETARY OF STATE OIVISION OF CORPORATIONS

T. HAMPTON

NOV - 2 2010

FXAMINER

COVER LETTER

Division of Cor	porations						
SUBJECT:	Satori Cleaners "LLC"						
SUBJECT.		d Liability Company					
	Amendment and fee(s) are submondence concerning this matter to	-					
	h						
		Juan Markowicz					
		Name of Person					
	Satori Cleaners "LLC"						
		Firm/Company					
	885	Spinnaker Drive West					
	Holi	lywood, Florida 33019					
		City/State and Zip Code	•				
	anaigielka@yahoo.com E-mail address: (to be used for future annual report notification)						
For further information	concerning this matter, please ca	•					
	an Markowicz of Person	at (786) 27 Area Code & Daytime T	71-7031 elephone Number				
		•	•				
Enclosed is a check for t	the following amount:						
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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

*FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

10 NOV - | PM 1: 64

	SATORI CLEAI	NEARS "LLC"			
Name	of the Limited Liability Compar (A Florida Limited L	v as it now appears lability Company)	on our records.)		
The Articles of Organization for	this Limited Liability Company	were filed on	12/02/2008	and assigned	
Florida document number	L08000110302				
This amendment is submitted to a	amend the following:				
A. If amending name, enter the	new name of the limited liab	ility company here	:		
The new name must be distinguishs "L.L.C."	ble and end with the words "Limi	ted Liability Compan	y," the designation "L	LC" or the abbreviation	
Enter new principal offices add	ress, if applicable:	···			
(Principal office address MUST	BE A STREET ADDRESS)		,		
Enter new mailing address, if a	pplicable:				
(Mailing address MAY BE A Po	••				
B. If amending the registere registered agent and/or the nex			ur records, <u>enter t</u>	be name of the new	
Name of New Register	ed Agent:			***************************************	
New Registered Office	Address:				
	Enter Florida 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 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 Type of Action <u>Title</u> Address <u>Name</u> **MGRM** Ana Igielka 885 Spinnaker Drive West Hollywood, FL 33019 ✓ Remove ☐ Add Remove ☐ Add ☐ Remove Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) October 29 2010 Dated_ Signature of member or authorized representative of a member Juan Markowicz Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00