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SECRETARY OF STATE

M. THOMAS

MAY 1 5 2009

EXAMINED

COVER LETTER

TO: Registration Section

Division of Corporations
SUBJECT: ST'S COIN LAUNDRY III, 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:
SY TRABULY
Name at Parcan
SY'S COIN LAUNDRY TIT, LLC Firm/Company
SYV COIN LAUNDRY TIT, LLC Firm/Company Address ALTAMONTE SPRINGS, FL 32714 City/State and Zin Code
ALTAMONTE SPRINGS, FL 32714 32714
SETIDO & CFL, RR. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
C.,
Name of Person at (407) 493-9599 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ (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

ST'S COIN LAUNDRY (Name of the Limited Liability Compa	ny as it now appears on	aur records)	
(A Florida Limited L	Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	22/09 and as	signed
Florida document number L 09000039021.			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
NIA - NO CHANGE			
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," t	he designation "LLC" or the	abbreviation
Enter new principal offices address, if applicable:	NIA - NO CH	ANGE TALL	
(Principal office address MUST BE A STREET ADDRESS)		CRET	
		A.R.Y	'
Enter new mailing address, if applicable:	N/A - NO C	HANGE FO	
(Mailing address MAY BE A POST OFFICE BOX)		92	
		x ²	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ecords, enter the name	of the new
Name of New Registered Agent:	No CHANGE		
New Registered Office Address:			
	Enter F	lorida street address	
		, Florida	
	City	Zip Coa	e

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 Action MGRM 275 ROLLINGWOOD TRAIL MARIA FERNANDEZ ALTAMONTE SPRINGS, FL. Remove Remove __ Remove Remove □Add Remove □Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Typed or printed name of signee

Signature of a member or authorized representative of a member

Page 2 of 2