

L10000011579 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2014 JAN 13 PM 3:56
TALLAHASSEE, FL 32302

B. GOSTICK
JAN 16 2014
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **ILLUSION COIN LAUNDRY, 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:

GLORIA HERNANDEZ

Name of Person

ILLUSION COIN LAUNDRY, LLC

Firm/Company

6487 STIRLING RD

Address

DAVIE, FLORIDA 33314

City/State and Zip Code

JIMENEZACCOUNTING@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GLORIA HERNANDEZ

Name of Person

at **754 244-6569**

Area Code

Daytime Telephone Number

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

TALLAHASSEE, FL 32301

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ILLUSION COIN LAUNDRY, 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 02/01/2010 and assigned
Florida document number L10000011579.

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)

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:

SERGIO OLIVER GARCIA

New Registered Office Address:

321 SW 182 WAY

Enter Florida street address

PEMBROKE PINES

Florida 33029

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 605, 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 attending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	GLORIA HERNANDEZ	433 SW 86TH AVE #103	<input type="checkbox"/> Add
		PEMBROKE PINES FL 33025	<input checked="" type="checkbox"/> Remove
MGRM	SERGIO OLIVER GARCIA	321 SW 182 WAY	<input checked="" type="checkbox"/> Add
		PEMBROKE PINES FL 33029	<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
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			<input type="checkbox"/> Remove

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FALL HARBOR TOWN

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

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated **JANUARY 3RD**, **2014**



Signature of a member or authorized representative of a member



Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FL 32309