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TO MAY 18 PH 12: 88

T. HAMPTON
MAY 1 9 2010
EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE		
	Name of Limited Liability Company	
The end	losed Articles of Amendment and fee(s) are submitted for filing.	
Please	eturn all correspondence concerning this matter to the following:	
	TAMER LINAL Name of Person	
	OPTIMA LADNORY SERVICES LLC.	
	3395 N. OIXIE HWY Suite 10 Boca Raton Address	
	BOCA RATION, FL 33431 City/State and Zin Code	
	Boch RATON, FL 33431 City/State and Zip Code + anaruna 106 & hotmail.com E-mail address: (to be used for future annual report notification)	
For fur	her information concerning this matter, please call:	
	Name of Person at (5b) 400 87 36 Area Code & Daytime Telephone Number	
Enclose	d is a check for the following amount:	
\$25	\$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	Status &

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

OPTIMA LAUNDRY SE			
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability of Florida document number 17 - 1078361	Company were filed on3/ L10000024	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Company,"	he designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	***************************************		
(Principal office address MUST BE A STREET ADD	RESS)		
		→ So	
Enter new mailing address, if applicable:		HAY 6	
(Mailing address MAY BE A POST OFFICE BOX)		ය දූවීද්	
		2 35°	
B. If amending the registered agent and/or regis	stered office address on our r	ecords, enter the name at the new	
registered agent and/or the new registered office ad	dress here:	S.	
Name of New Registered Agent:			
New Registered Office Address:	•		
	Enter Florida street address		
411.		, Florida	
	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	I = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
Mr.	TAMER LINAL	946 Boca Care Cir. Apt Boca Ration, FL 33428	:816 □ Add Remove
			Add Remove
			Add Remove
<u></u>			Add Remove
	_		Add Remove
			Add Remove
	5/14/2010 Signature of a	change(s) here: (Attach additional sheets, if necessary) Member or authorized representative of a member	SECRETARIZED STATE SIVISION OF COMPUTATIONS:
	73	Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00