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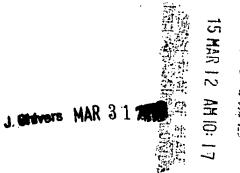
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COVER LETTER

TO: Registration Se Division of Cor			use .
SUBJECT: Tow	nSquare Cle	aners, LLC ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Martin A	Name of Jerson	
	TOWN Squa	are Cleaners Firm/Company	, TCC
	2967 SW	156 th Ave, M	11ami FC 33185
	·		· · · · · · · · · · · · · · · · · · ·
	Martin King E-mail address	City/State and Zip Code 8566 @ 900, 1. to be used for future annual report notifi	cation)
For further information co	oncerning this matter, please ca	all:	
Martin Name of	King Person	at (786) 5 70 - Area Code Daytime	-/875 Telephone Number
Enclosed is a check for th	e 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TALIA SCUERE CLEANAS

(Name of the Limited	d Liability Company as it now appears A Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Lia Florida document number <u> </u>	bility Company were filed on	10/24/2013	and assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of t	the limited liability company her	<u>e</u> :	
The new name must be distinguishable and end with the w	ords "Limited Liability Company," the de	esignation "LLC" or the abbrev	viation "L.L.C."
Enter new principal offices address, if applica	ble:		
Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B			
Muning unaress MAT BE A FOST OFFICE B	<u> </u>		
B. If amending the registered agent and/oregistered agent and/or the new registered offi		our records, enter the	name of the new
Name of New Registered Agent:	Martin King	7	N genera
New Registered Office Address:	2967 SW 156	thave	
	Martin Kind 29675W 156 Enter Florid Miami	fa street address Florida	3785
	City	Z	ip Code
New Registered Agent's Signature, if changing Re	egistered Agent:		

ivew Registered Agent's Signature, it 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, Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Ma $AMBR = Au$	anager uthorized Member	
<u>Title</u>	Name	Address Type of Action
MGR	Martin King	Address 8967 Sw 156 th Ave Type of Action Miami, FC 33185 Add
		Remove
		· · · · · · · · · · · · · · · · · · ·
	•	Add
		Remove
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ICCLIVE	date, if other than		date of receipt or f	15/15 iled date and cannot b	(optional) e more than 90 days after
he effectiv	e date must be specific, of document is filed by the	e Florida Departn	nent of State)		- · · · · · · · · · · · · · · · · · · ·
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he effective the date this	3/8/15 March	Signature of	enent of State)	Peron Ki	nç
ne effectiv ne date this	3/8/15 March	Signature of	nent of State) -,	Peron Ki	nç

Page 3 of 3

Filing Fee: \$25.00

