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(Re	equestor's Name)	
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D. BRUCE

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EXAMINER

COVER LETTER

SUBJECT:	Mr Cl	leaners, LLC		
		ited Liability Company		
The enclosed Articles	s of Amendment and fee(s) are sul	bmitted for filing.		
Please return all corre	espondence concerning this matter	r to the following:		
		Navin M Patel		_
		Name of Person		
		Mr Cleaners, LLC	•	_
		Firm/Company		-
	16	6840 US Highway 44	41	
		Address		-
	N	Mount Dora, FL 3275	5 7	## 5
		City/State and Zip Code	_	- PR
- ,		giriam@gmail.com	•	CO 25-
	E-mail address: (to be used for future annual re	eport notification)	
For further information	on concerning this matter, please of	call:		TOP R C
	Navin M Patel	at (_407_)	927-1510	AIE PRIE
Nan	ne of Person	Area Code	& Daytime Telephone Number	er 15
Enclosed is a check for	or the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is	enclosed) Certific	ate of 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

	Mr Clea	ners, LLC					
(<u>Name</u>	of the Limited Liability Comp (A Florida Limited	pany as it now apr Liability Compan	oears on our record y)	<u>ls.</u>)			
The Articles of Organization for t	this Limited Liability Compar	ny were filed on _	September 29	,201 <u>1</u> ۽	and ass	igned	
Florida document number	L11000111679						
This amendment is submitted to a	amend the following:						
A. If amending name, enter the	e new name of the limited lia	bility company	<u>here</u> :				
The new name must be distinguisha "L.L.C."	ble and end with the words "Lin	mited Liability Cor	mpany," the designa	tion "LLC"	or the a	ıbbreviatio	
Enter new principal offices add	ress, if applicable:						
(Principal office address MUST	BE A STREET ADDRESS)						
					<u>~</u>	N - WC 35446	
				E S	Ne P	transpane statement	
Enter new mailing address, if a	pplicable:			- E	<u> </u>		
(Mailing address MAY BE A PO	<u> ST OFFICE BOX)</u>			<u> </u>	<u> </u>		
				(C) (A)			
				ŞM.	Ű7		
B. If amending the registered registered agent and/or the new			n our records, <u>e</u>	nter the n	ame o	f the nev	
egistered agent and/or the new	registered office address no	<u> </u>					
Name of New Registere	d Agent:						
New Registered Office	A ddraes						
New Registered Office		Enter Florida street address					
			, Flori				
		City	•	Zij	p 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** Title Name Address MGR Usha N Patel 16840 US Highway 441 ☑ Add Remove Mount Dora, FL 32757 ☐ Add Remove ☐ Add ☐ Remove Add Remove □Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary,) April 11 2012 Dated Signature of a member or authorized representative of a member Navin M Patel Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00