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(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

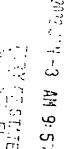


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Advanced Incorporating Service

1317 California Street P.O. Box 20396 Tallahassee, FL 32316 Phone: 850-222-CORP Fax: 850-575-2724 Email: wlopez@aisincfl.com Website: www.aisincfl.com

Dry Cleaning Accordance CCC
FOR OFFICE USE ONLY
PICK ONE:
CERTIFIED COPYPHOTOCOPYC.U.S.
FILING:
CORPORATIONLLCLIMITED PARTNERSHIPGENERAL PARTNERSHIP
FICTITIOUS NAMESERVICEMARK/TRADEMARKAMENDMENT
FOREIGN QUALIFICATIONJUDGMENT LIEN
OTHER
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RETRIEVAL:
GOOD STANDING CERT/C.U.SCERTIFIED COPYPHOTOCOPY
Of
APOSTILLE/NOTARY CERTIFICATION REQUEST:
Country
Amount of Documents
DATE TIME
Notes:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	DRY CLEANING	ASSOCIATES, L	LC		
(Name of the L.	mited Liability Comp (A Plorida Limited	any na It now appen Liability Company)	rs on our records.)		
The Articles of Organization for this Limited	Liability Company	y were filed on	MARCH 29, 2012	and assigned	
Florida document number L12000043398			•		
This amendment is submitted to amend the fo	ollowing:				
A. If amending name, enter the new name	of the limited lint	illty company h	ere;		
N/A					
The new name must be distinguishable and contain the	words "Limited Liabi	Ilty Company," the d	esignation "LLC" or the abb	revistion "L.L.C."	-
Enter new principal offices address, if applicable:		N/A			
(Principal office address MUST BE A STRE	ET ADDRESS)				_
			_		_
			•	<u>. 3</u>	_ . ;
Enter new mailing address, if applicable:		4201 20TH STR	LEET	,	
(Mailing address MAY BE A POST OFFICE	E BOX)	VERO BEACH,	FL 32960	ည် 🚶	_
				ا	5 1
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office s	iddress on our re	ecords, enter the name	of the new registe	ere
rent andror the new register of office after	ess nere:				
Name of New Registered Agent:	JOSEPH DIDOMENICO			-	_
New Registered Office Address:	4201 20TH STR				_
		Enter Flori	da street uddress	•	•
	VERO BEACH		, Florida ³²⁹⁶	60	
		Cliy		Zip Code	•
lew Registered Agent's Signature, if changing	Registered Agents				
hereby accept the appointment as registere	ed agent and agre	e to act in this c	apacity. I further agree	to comply with t	the

N

I 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.

I Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	OTTAVIO DIDOMENICO	4201 20TH STREET	□Add
		VERO BEACH, FL 32960	■Remove
			Chunge
MGR	JOSEPH DIDOMENICO	4201 20TH STREET	\ \(\mathreal{\omega}{\omega}\) Add
	·	VERO BEACH, PL 32960	DRemove
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tive date, if o	ther than the date of fi	ling:		(opti	onal)	
THE CIRCOLLIN	etten in tille block goes ve	Of ineer the applicab	date of filing or mor le statutory filing	re than 90 days after requirements, this	filing.) Pursuant to 605 s date will not be list	5.0207 ed as
nent's effective	date on the Department (of State's records.	, 2			
d specifies a d	slayed effective date, but	not an effective time	s, at 12:01 a.m. on	the earlier of: (b) The 90th day after	r the
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		f a member or authoriz				

Filing Fee: \$25.00