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Special Instructions to Filing Officer:





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COVER LETTER

TO:	Registration Sec Division of Corp				
	•	The Right C	leaners, LLC	n, w	
SUBJI	ECT:		10.11.0.10.1.10.10.10.10.10.10.10.10.10.		
		Name of Lim	ited Liability Company		
The en	closed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please	return all correspon	dence concerning this matter	to the following:		
			Kelly Piper		
			Name of Person		
		·	The Right Cleaners, LLC		
	3529 Sandburg Rd				
	Address				
			Jacksonville FL 32277		
	City/State and Zip Code				
		-	tcleaners12@gmail.com	ation) AC 3	3.
		E-mail address: (to be used for future annual report notific	ation)	<u>"</u>
For fur	ther information con	ncerning this matter, please ca	all:	AHAS	5 F
	Kelly Pi	per 	904 207-5674 at ()	E C	FILED
Enclose	Name of seed is a check for the			Telephone Number) 22 25 25 25
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⊔ \$2:	5.00 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 Statu Certified Copy (additional copy is encl	

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

The Right	Cleaners, LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears of Limited Liability Company)	on our records.)	•
The Articles of Organization for this Limited Liability C L12000044867 Clorida document number	ompany were filed on	rch 12th, 2012	and assigned
This amendment is submitted to amend the following:	_ ·		
A. If amending name, enter the new name of the limi	ited liability company here	:	
The new name must be distinguishable and contain the words "Limit	ited Liability Company," the desi	gnation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDR	(ESS)		
		A C	4 2 -
Enter new mailing address, if applicable:		AHAS	
Mailing address MAY BE A POST OFFICE BOX)		[T]	
			<u> </u>
3. If amending the registered agent and/or regist registered agent and/or the new registered office addr	tered office address on o	ur records, enter	the name of the
Name of New Registered Agent:	Stephan Silveira E	Solling	
New Registered Office Address:			
	Enter Florida	street address	
		, 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 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Stephan S. Bolling	Av Manuel Bandeira, 1327 Condominio Pasa Cidade: Mova Lima, M.G. BRAZ 34,000 - 000	irgada ZIL ■ Add
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n effective date is listed, the date mus	t be specific and cannot	be prior to date of f	iling or more than 90 d	lays after filing.) Pu	rsuant to 605.02
ote: If the date inserted in this blocument's effective date on the Do			tory filing requireme	ents, this date wil	i not be listed
record specifies a delayed	l effective date, l	but not an effe	ective time, at 1	2:01 a.m. on	the earlier
The 90th day after the rec	ord is filed.				
August 8th	201	6			•
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Filing Fee: \$25.00