

L13000067739

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900266215179

11/10/14--01050--015 **30.00

2014 NOV 10 AM 7:08
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED

NOV 17 2014
J. CRUCE

COVER LETTER

TQ: Registration Section
Division of Corporations

SUBJECT: **ROCKLAND LAUNDRY SUPPLIES, LLC**
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ERICA D. COHEN

Name of Person

THE DORCEY LAW FIRM, PLC

Firm/Company

10181-C SIX MILE CYPRESS PKWY

Address

FT. MYERS, FL 33966

City/State and Zip Code

ERICA@DORCEYLAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ERICA D. COHEN

Name of Person

239 418-0169

at (Area Code)

Daytime Telephone Number

Enclosed is a check for the 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

FILED
2014 NOV 10 AM 7:08
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ROCKLAND LAUNDRY SUPPLIES, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05/07/2013 and assigned
Florida document number L13000067739.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4403 SE 16TH PLACE, STE. 2

CAPE CORAL, FLORIDA 33904

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4403 SE 16TH PLACE, STE. 2

CAPE CORAL, FLORIDA 33904

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

DLF REGISTERED AGENT SERVICE, LLC

New Registered Office Address:

10181-C SIX MILE CYPRESS PKWY

Enter Florida street address

FT. MYERS

Florida

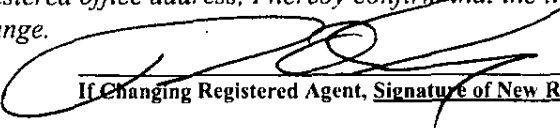
33966

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

MGR = Manager
AMBR = Authorized Member

☐ Remove
 14 NOV 10 PM 7:08
☐ Add
☐ Remove

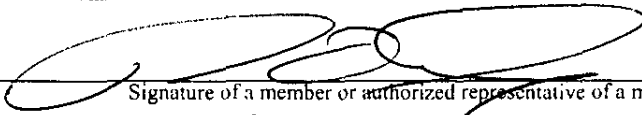
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated November 6, 2014.



Signature of a member or authorized representative of a member
JOSHUA O. DORCEY

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2014 NOV 10 AM 7:08
CLERK OF STATE
TALLAHASSEE FLORIDA