

L14000012002

(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



800277771528

10/08/15--01015--015 **60.00

FILED
2015 OCT -8 A 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 09 2015

3 MASON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EXTREME DRY CLEAN, 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:

JOSE ENRIQUE LOPEZ

Name of Person

EXTREME DRY CLEAN, LLC

Firm/Company

634 BARNES BLVD UNIT 102

Address

ROCKLEDGE FL, 32955

City/State and Zip Code

jlruizastros@hotmail.com

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

For further information concerning this matter, please call:

JOSE ENRIQUE LOPEZ

Name of Person

787
at ()
Area Code

608-4035

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

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

EXTREME DRY CLEAN, 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 JANUARY 22, 2014
Florida document number L14000012002

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain 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)

JOSE ENRIQUE LOPEZ

634 BARNES BLVD UNIT 102

ROCKLEDGE FL, 32955

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

634 BARNES BLVD UNIT 102

ROCKLEDGE FL, 32955

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:

JOSE ENRIQUE LOPEZ

New Registered Office Address:

634 BARNES BLVD UNIT 102

Enter Florida street address

✓ ROCKLEDGE

City

Florida 32955

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 added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	PAUL BOLOGNA	634 BARNES BLVD UNIT 104	<input type="checkbox"/> Add
		ROCKLEDGE FL,32955	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JOSE ENRIQUE LOPEZ	634 BARNES BLVD UNIT 102	<input checked="" type="checkbox"/> Add
		ROCKLEDGE FL,32955	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MANUEL ENRIQUE LOPEZ	634 BARNES BLVD UNIT 102	<input checked="" type="checkbox"/> Add
		ROCKLEDGE FL,32955	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
2015 OCT -8 A 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated OCTOBER 6, 2015

Typed or printed name of signee

FILED
2015 OCT -8 A 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA