L14000018527

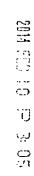
(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busir	ness Entity Nar	me)
(Docu	ıment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fil	ling Officer:	

Office Use Only



500256434665

02/10/14--01012--008 **30.00



B. BOSTICK FEB 1 2 2014

EXAMINER

COVER LETTER

Registration Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TO:

SUBJECT: Antonia's Dry Cleaners and Alterations of Name of Limited Liability Company Delray Brach L	LC
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Antony Como Name of Person Antonia's Dry cloaners and Alterations of Delray Beach	
Firm/Company	
2275 5 Federal Highway Suit 270 Address	
Delrny Beach + 2 33483 City/State and Zip Code	
Antony lomo Oyuhoo. Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, places call:	
Autony Como Area Code Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status □ Certified Copy	
MAILING ADDRESS: Registration Section Division of Corporations STREET/COURIER ADDRESS: Registration Section Division of Corporations	

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Florida __

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

Title Name Address Type of Action MER Antonia Como 2275 S Federal Highway Add Suit 270 Delray Brach FL 33483 Remove Delray Brach FL 33483 Remove Add Remove Remove Add Remove	AMBR = Au	thorized Member		
Mar Antony Como 2275 S Federal Highway Add Suit 270 Deleny Beach, FL 33483 Remove Add Remove Remove Remove Remove	<u>Title</u>	Name	Address	Type of Action
Mar Antony Como 2275 S Federal Highway Add Suit 270 Deleny Beach, FL 33483 Remove Add Remove Remove Remove Remove	MGR	Antonia Como	2275 S Federal Highway	Add
Add			Delray Beach, FL 33483	Remove
Add	mar	Antony Como	2275 S Federal Highwa	~YAdd
Remove Adda Remove Remove Remove Adda Remove		\mathcal{D}_{ϵ}	Suit 270 elray Brach FL 33483	Remove
Remove Adda Remove Remove Remove Adda Remove				
Remove Remove Remove Remove Add				
Remove Remove Remove Remove Add				
Remove				Add Remove
Remove				
Add				·
Remove				Add
				_□ Remove

the of filing:	ptional) ays after
,,	
~~	
gnature of a member or authorized representative of a member	
t	be prior to date of receipt or filed date and cannot be more than 90 da

Page 3 of 3

2014年2月10日第05

Filing Fee: \$25.00