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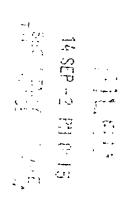
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Neyda'5 Claner5 LC 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:
Neyda Mivera
Meyda'S Asine Cleaners LLC Firm/Company  5501 university Blvd N apt # 24
5501 university dub Blvd N ap+#24
32277 Jay FL City/State and Zip Code
City/State and Zip Code  Neydoriverc rodriquez (a) Grail · Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
New of Person at (904) 207-095 3  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Status Sta

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Nayda'5 Claner 5 LLC

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

(A Florida Limited Liability Company)

(Name of the Limited Lightlity Company as it now appears on our records)			
(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	<u>}</u> a	and assi	gned
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 end with the words "Limited Liability Company," the designation "LLC" or the	e abbrevi	ation "L	.L.C."
Enter new principal offices address, if applicable:	<del></del>		
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office address on our records, enter	ar tha s	nama i	of the
registered agent and/or the new registered office address here:	****		<u> </u>
	• • •	- 42° - 42°	
Name of New Registered Agent:	٠	-3	
New Projectored Office Address	· · · ·	心	- X.
New Registered Office Address:  Enter Florida street address			
F1		ci.	***
, Florida,	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 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 = Mar AMBR = Aut	nager e e e horized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MCh	Seguela Dicole M	5501 union sity club Bli	<sup>7</sup> 7 <sub>N</sub> □ Add
	ત ફ્રેન	apt 544 Jax FL3227	Remove
MGRA	Milera Neyde I	5501 university club Bli apt 244 Jax FL32277	Add Remove
AMB	Seguela Nicole M	apt 244 Jay FL 3227	N Remove
			☐ Add  Remove
			Remove Add Remove

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Page 3 of 3

Filing Fee: \$25.00