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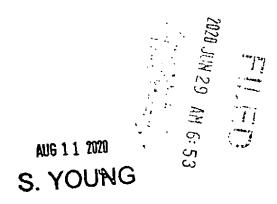
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COVER LETTER

TO:

Registration Section

Divi	sion of Cor	porations			
SUBJECT:	AMBR CH	ANGÉ	, a	•	
Jobane I.		Name of Lim	nited Liability Company		
The enclosed	Arriolae of	Amendment and fee(s) are sub	united for filing		
			_		
Please return	all correspo	ndence concerning this matter	to the following:		
		Kishorkumar Patel			
			Name of Person		
		K&M Laundries LLC			
			Firm/Company		
		2451 hanson st			
			Address		
		fort myers, fl 33901			
			City/State and Zip Code		
		kmlaundries@gmail.com			
		E-mail address: (to be used for future annual	report notification)	
For further in	formation co	oncerning this matter, please c	all:		
Samir Patel				59504	
	Name of	^Person	at () Area Code	Daytime Telephor	ie Number
Enclosed is a	check for th	e following amount:			
■ \$25.00 Fi	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl		S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Reg Div	ling Address istration S ision of Co . Box 632	ection orporations	Division	Idress: ation Section n of Corporation atre of Tallahass	
Tall	ahassee, F	L 32314	2415 N.	Monroe Street,	Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

K&M Laundries LLC		
(Name of the Lim	ited Liability Company as it now (A Florida Limited Liability Com	appears on our records.)
The Articles of Organization for this Limited I Florida document number L15000070084	Liability Company were filed	on 04/21/2015 and and assigned
This amendment is submitted to amend the fol	lowing:	Q.
A. If amending name, enter the new name of	of the limited liability compa	ny here:
The new name must be distinguishable and contain the Enter new principal offices address, if appli (Principal office address MUST BE A STREE	cable:	"the designation "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u></u>	
B. If amending the registered agent and/or agent and/or the new registered office addresses		our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	Kishorkumar P Patel	
New Registered Office Address:	2461 Hanson St	
	Ent	er Florida street address
	Fort Myers	. Florida ³³⁹⁰¹
	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 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>	Type of Action
AMBR	Samir K. Patel	2461 Hanson St	≅ Add
		Fort Myers, FL 33901	□Remove
			□Change
AP	Kishorkumar P Patel	239 Maine ave	
		Fort Myers FL, 33905	≡ Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove

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Effective date, if other than t	he date of filing:		(option	ial)
fan effective date is listed, the date n Note: If the date inserted in this document's effective date on the	nust be specific and cannot be block does not meet the	applicable statutory t	or more than 90 days after fi	ling.) Pursuant to 605.0207
e record specifies a delayed effect d is filed.	tive date, but not an effec	ctive time, at 12:01 a.	m. on the earlier of: (b)	The 90th day after the
06/23	2020			
Dated				
Dated Government	Kolito			
Dated	Signature of a member of	r authorized representa	tive of a member	