Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Number : 120000000205

Account Name : AGI REGISTERED AGENTS, INC.

: (305)416-6800

Fax Number

: (305)416-6811

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please: **

| Fmail | Address: | | | | | | |
|--------|----------|--|--|--|--|------|------|
| LINGTE | MUMICES. | | | | | | |

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LITTLE RIVER LAUNDRY, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$25.00 |

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PAGE 02/05

COVER LETTER

| | istration Sec Ision of Corp | | | |
|----------------|--------------------------------|--|---|--|
| SUBJECT: | LITTLE RIV | VER LAUNDRY, LLC | | |
| SUDJEC1; | | Name of Lim | ited Liability Company | |
| The enclosed | Articles of A | Amendment and fee(s) are sub | mitted for filing. | |
| Please return | all correspor | ndence concerning this matter | to the following: | |
| | | Diane M. Hernandez | | |
| | | | Name of Person | |
| | | Adams Gallinar, P.A. | | |
| | | | Firm/Company | |
| | | 1000 Brickell Avenue, Suit | te 300 | |
| | | | Address | |
| | | Miami, Florida 33131 | | |
| | | dhemandez@agilaw.com | City/State and Zip Code | |
| | | | to be used for future annual report notif | ication) |
| For further in | iformation co | encerning this matter, please ca | all: | |
| Diane M. He | rnandez | | 305 416-6800 at() | |
| | Name of | Person | | Telephone Number |
| Enclosed is a | check for th | e following amount: | | |
| ■ \$25.00 F | iling 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 12/01/2015 12:27

ADAMS GALLINAR PA

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| LIT | TLE RIVER LAUNDR' | Y, LLC | | |
|--|---|---------------------------|---------------------------|------------------|
| (Name of the Limited I | liability Company as it no Florida Limited Liability Co | w appears on our rompany) | cords.) | |
| The Articles of Organization for this Limited Liabil Florida document number L15000197728 | | | | _ and assigned |
| This amendment is submitted to amend the following | ng: | | | |
| A. If amending name, enter the new name of the | e limited liability com | pany here: | | |
| The new name must be distinguishable and contain the words | "Limited Liability Compa | ny," the designation | 'LLC" or the abbre | viation "L.L.C." |
| Enter new principal offices address, if applicable | e: | · | | |
| Principal office address MUST BE A STREET A | (DDRESS) | | | |
| | | | | |
| Enter new mailing address, if applicable: | | | | |
| Mailing address MAY BE A POST OFFICE BO. | <u></u> | | | |
| Withing pauress MAIL DE ALCOST OF LICE BO | <u> </u> | | | |
| • | | | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office | | ress on our rec | ords, enter th | e name of the n |
| | | | | 3 5 |
| Name of New Registered Agent: | | | د مور با مدر با مدر | 8 |
| New Registered Office Address: | | | 188 | 1 |
| | E | Enter Florida street a | <u>.</u> ,⊆ | |
| _ | City | | , Florida 🚞 | Zip Code |
| New Registered Agent's Signature, if changing Regi | stered Agent; | | | #T- |
| hereby accept the appointment as registered as | | | | |

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

PAGE 04/05

12/01/2015 12:27 3054166811 ADAMS GALLINAR PA PAGE 04/05

12/01/2015 12:27 3054166811 ADAMS GALLINAR PA PAGE 04/05 or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-----------------|-------------------------|-------------------------------|
| MGR | Patricia Caldas | 20533 Biscayne Blvd. | □ Add |
| | | Unit 4-570 | Remove |
| | | Aventura, Florida 33180 | Change |
| | | | □ Add |
| | | | ☐ Remove |
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| | | | D Change (((H15000283630 3))) |

| 12:27 3054166811 mormation, enter change(s) here: | DAMS GALLINAR PA (Attach additional sheets, | if necessa (PU-11 | PAGE 500028 | E 05. 83630 |
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| | | | T. | |
| | | SIA | # 1 | COLL |
| ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to the lift the date inserted in this block does not meet the applicable nument's effective date on the Department of State's records. | late of filing or more than 90 da | (optional) ys after filing.) Purs | uant to 60 not be lis | 15.0207 ited as |
| record specifies a delayed effective date, but not a The 90th day after the record is filed. | n effective time, at 12 | :01 a.m. on t | he earl | ier of |
| ned December 1 2015 | uL | | | |
| Signature of a member or authorize | ed epresentative of a member | | | |
| J | ▼ | | | |

Page 3 of 3

Filing Fee: \$25.00

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