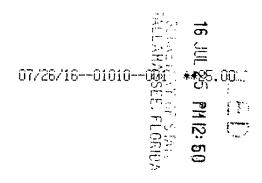
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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

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## COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: He F	Name of Limited Liability Comp	e LLC	
The enclosed Articles of Amendment at	nd fee(s) are submitted for filing.		
Please return all correspondence concer	ning this matter to the following:		
CV	IMMROEUN 1).	CHEA	
	Name of Per	son	
<del></del>	Firm/Compa	iny	<del></del>
3240	SW 34th ST Address	STE # 818	<u> </u>
_OC	KA FL 3	4474	
_ Che	City/State and Zi	ail. Com	
For further information concerning this	E-mail address: (to be used for future	annual report notification)	
For further information concerning this	Lease can.	_ 404- 7a	30
Name of Person	Area Co	de Daytime Telephor	ne Number
Enclosed is a check for the following ar	nount;		
	Ciling Fee & S55.00 Filing Fee & Certified C (additional co		\$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

· Classic Cleaners of	OCALA UC
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on $\frac{5/17/16}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab  The new name must be distinguishable and contain the words "Limited Liabil  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	US LLC
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	3240 SW 34th ST STEH 818 OCALA FL 34474
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address  Florida
New Registered Agent's Signature, if changing Registered Agent:	City Zap Code To
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager

AMBR = .	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Change
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ffective date, if other th	an the date of fili	ino:		(optional)	
an effective date is listed, the coordinate in the coordinate in the date inserted in	date must be specific a	and cannot be prior to da	te of filing or more than 9	0 days after filing.) P	ursuant to 605.020
ocument's effective date of	n the Department o	f State's records.	in a section of the s	monts, this date wi	ii noi oo nsioa a
e record specifies a d The 90th day after th			effective time, at	12:01 a.m. or	the earlier o
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Page 3 of 3

Filing Fee: \$25.00