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SECRETARY OF STATE

JUN 20 2017 J. HARRIS

COVER LETTER

	Division of Corp	porations		
SUBJEC	Kovel Gree	n Dry Cleaners LLC.		
SOBJEC		Name of Lim	ited Liability Company	
The enclo	osed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please ref	turn all correspor	ndence concerning this matter	to the following:	
		Yolanda Koernig		
			Name of Person	
		Kovel Green Dry Cleaners	LLC.	
	4, * \$PA.	Firm/Company		
		5511 SW 148 Ct.		
	•		Address	
		Miami, Fl. 33185		
			City/State and Zip Code	
		kovelcleaners@gmail.com		
		E-mail address: (to be used for future annual report not	iffication)
For further	er information co	ncerning this matter, please ca	all:	
Yolanda	Koernig		786 327-4534 at (
	Name of	Person	Area Code Daytir	ne Telephone Number
Enclosed	is archeck for the	e following amount:		
\$25.0	00 Filing 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)

TO:

Registration Section

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**

Kovel Green Dry Cleaners LLC (Name of the Lim	ited Liability Compan (A Florida Limited Li	y as it now appears on our recubility Company)	ords.)
The Articles of Organization for this Limited L			and assigned
Florida document number L17000098414	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name o	of the limited liabil	ity company here:	
Kovel Green Dry Cleaners LLC			
The new name must be distinguishable and contain the	words "Limited Liabilit	y Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	5511 SW 148 Ct. Miami Fl.	.33185
Principal office address MUST BE A STRE	ET ADDRESS)		
at the state of th			ASSE!
Enter new mailing address, if applicable:			FF A
Mailing address MAY BE A POST OFFICE	BOX)		STAR E
			-
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:			rds, <u>enter the name of th</u>
	5511 SW 148 Ct		•
New Registered Office Address:		Enter Florida street ada	iress
	Miami		Florida 33185

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 Non Registered Agent

Page 1 of 3

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>	Address	Type of Action
AMBR - "	Bruce Koernig		Add
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			Change
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			Remove
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