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SECRETARY OF STATE

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COVER LETTER

TO: Registration So Division of Cor	
	O DRY CLEANERS LLC
SUBJECT:	Name of Limited Liability Company
	Amendment and fee(s) are submitted for filing. Ondence concerning this matter to the following:
	ALINCE LUDERS
	Name of Person
	Firm/Company
	2810 NW 55TH AVE APT 2A
	Address LAUDERHILL, FL 33313
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further information c	City/State and Zip Code LUDAVGREG@YAHOO.COM E-mail address: (to be used for future annual report notification) concerning this matter, please call:
ALINCE LUDERS	at ()
Name o	f Person Area Code Daytime Telephone Number
Enclosed is a check for t	he following amount:
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status &

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KOMANDO DRY CLEANERS LLC		
(<u>Name of the Limited Lia</u> (A Flo	ibility Company as it now appears on our recording Limited Liability Company)	<u>rds.</u>)
he Articles of Organization for this Limited Liabilit	y Company were filed on 06/09/17	and assigned
lorida document number L17000126387	.	
his amendment is submitted to amend the following	y;	
a. If amending name, enter the new name of the l	limited liability company here:	
he new name must be distinguishable and contain the words "l	Limited Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	 	
Principal office address MUST BE A STREET AD	DDRESS)	
Enter new mailing address, if applicable:		<i>ः</i> च
Mailing address MAY BE A POST OFFICE BOX)	<u></u>	SECRETARIA
		ASA C
. If amending the registered agent and/or re		
egistered agent and/or the new registered office a	<u>ddress here</u> :	THO A
Name of New Registered Agent:		
New Registered Office Address:		——————————————————————————————————————
	Enter Florida street addr	ess
		lorida
	City	7in 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 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 **Type of Action** <u>Title</u> <u>Name</u> **Address AMBR HUBERT LUDERS** 8297 THAMAS BLVD APT D BO ■ Add 】 Boca Raton ☐ Change MGR JOSEPH RODRIGUE 1049 SW DARMOUTH AVE BOR □ Add Port-st-Lucie, F/34953 ☐ Change □ Add □ Remove Add 📮

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Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this blo document's effective date on the De	t be specific and cannot be price ock does not meet the appli	cable statutory filing requ	(optional) an 90 days after filing. airements, this date	Pursuant to 605.0207 (will not be listed as the
he record specifies a delayed The 90th day after the reco		ot an effective time,	at 12:01 a.m.	on the earlier of:
Dated 29TH OF JUNE	, 2017	/		
		. 4		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00