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COVER LETTER

Division of Corporations
SUBJECT: Laundry VIP CH LLC Name of Limited Liability Company
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Raja Gidwani Name of Person
Advantage Holding Company LLC
3920 Sw 186th Way
Miramur FC 33029 City/State and Zip Code Raja Gidwari Each, Com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Reja Gilliani at (321) 695 - 9472 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status & Certified Copy (additional copy is enclosed) 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

Laundry VIP 04 (Name of the Limited Liability) (A Florid	LL C		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears of a Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability C	Company were filed on	9/1/17 ===	and assigned
This amendment is submitted to amend the following:		•	
A. If amending name, enter the new name of the lim	ited liability company here	:	
The new name must be distinguishable and contain the words "Lin	LLC		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the desi	gnation "LLC" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if applicable:		<u></u>	
(Principal office address MUST BE A STREET ADD)	RESS)		3 71
			" ; ~ ;
			SPP 23 PH
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			
B. If amending the registered agent and/or registered agent and/or the new registered office add		our records, <u>enter the</u>	name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida	a street address	
	C:-	, Florida	
	City	ZIĮ	Coue

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>Name</u> <u>Address</u> <u>Title</u> _□ Add ☐ Remove ☐ Change □ Add ☐ Remove _□ Change رب Change ا □ Add` ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change

		
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Note: If t	e date, if other than the date of filing: ive date is listed, the date must be specific and cannot be prior to date of filing or mo the date inserted in this block does not meet the applicable statutory filing t's effective date on the Department of State's records.	(optional) ore than 90 days after filing.) Pursuant to 605.0207 (3)(bg requirements, this date will not be listed as the
	rd specifies a delayed effective date, but not an effective ti Oth day after the record is filed.	ime, at 12:01 a.m. on the earlier of:
Dated	Sept. 23 . 2019.	
	Signature of a member or authorized representative	

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Filing Fee: \$25.00