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## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	Inside Out ( Name of Limi	Jeaning Services ted Liability Company	LLC
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	<u>Nancy</u>	Abou Va 5518 Name of Person	<u> </u>
	Inside ou	It Cleaning Servi	ces HC
	2442 Everg	reen Ave Address	
	Deltona, F	City/State and Zip Code	
	Insideoutrem E-mail address: (1	nodeling services (and be used for futdre annual report notifices)	Quahoo Com
For further information co	ncerning this matter, please ca	all:	
Eneida S	co++	at (321) 276	- 7277 Telephone Number
ivanic or	reison	Area Cout Daysine	relephone syumber
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee	S30.00 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INSTDE OUT REMOT (Name of the Limited Liability Company (A Florida Limited Liab	SELING SERVICES as it now appears on our records.) bility Company)	<u>11</u> C
The Articles of Organization for this Limited Liability Company we Florida document number <u>L17000214436</u> .	ere filed on 10/17/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	ty company here:	
INSIDE OUT CLEANIA The new name must be distinguishable and contain the words "Limited Liability	NG SERVICES LLC Company," the designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		-
Enter new mailing address, if applicable:		<del></del>
(Mailing address MAY BE A POST OFFICE BOX)		<del></del>
•		
B. If amending the registered agent and/or registered offic	ce address on our records, enter the	e name of the new
registered agent and/or the new registered office address here:		
W. B. C. Li		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
<del></del>	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete peacept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties, and I am fam ovided for in Chapter 605, F.S. Or, if (	iliar with and this document is

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 = Ms $AMBR = As$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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cument's effective	ve date on the Department	of State's records.			
record specif	fies a delayed effectiv	ve date, but not	an effective tim	ne. at 12:01 a.m.	on the earlier
he 90th day	after the record is fil	ed.		,	
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Filing Fee: \$25.00