

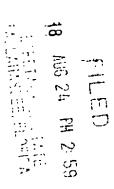
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COVER LETTER

Div	ision of Corp	orations			
SHR IFCT.	ONE ECOFRIENDLY LAUNDRY LLC				
50 B3 L35 L		Name of Limi	ited Liability Company		
The enclosed	I Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return	all correspon	dence concerning this matter	to the following:		
		JULIO C. GUEVARA			
			Name of Person	**	
			Firm/Company		
		4245 WEST 16 AVE			
			Address		
		HIALEAH, FL 33012			
			City/State and Zip Code		
		ea@lstchoicetaxrelief.com			
			to be used for future annual report notif	ication)	
For further in	nformation co	ncerning this matter, please co	all:		
JULIO C. G	UEVARA		786 606-7800 at () Area Code Daytime		
	Name of	Person	Area Code Daytime	: Telephone Number	
Enclosed is:	a check for the	following amount:			
□ \$25.00 F	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)	

MAILING ADDRESS:

TO:

Registration Section

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**

ONE ECOFRIENDLY LAUNDRY LLC	nany as it now annears on our records)	<u> </u>
(A Florida Limite	pany as it now appears on our records.) d Liability Company)	,
The Articles of Organization for this Limited Liability Comparation document number L17000228656	ıy were filed on <u>11/06/2017</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
N/A		- 8
he new name must be distinguishable and contain the words "Limited Lic	bility Company," the designation "LLC" o	or the abbreviation II. I Cir
Enter new principal offices address, if applicable:		ラシア
Principal office address MUST BE A STREET ADDRESS)	4245 WEST 16 AVE	7 = 1
Trincipal office maness most pierrotrice, instance,	HIALEAH, FL 33012	7
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	4245 WEST 16 AVE	17. 59
	HIALEAH, FL 33012	
3. If amending the registered agent and/or registered egistered agent and/or the new registered office address h Name of New Registered Agent: N/A		enter the name of the
V 10 1 10 27 1 1 1		
New Registered Office Address:	Enter Florida street address	
New Registered Office Address:	Enter Florida street address Flor	.,

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	FABIO BARBANO	8834 WEST FLAGLER STREET APT 2.	
		MIAMI, FL 33174	■ Remove
			Change
N/A	N/A		Add
			☐ Remove
			Change
			
			□ Remove
			Change Flanded LE
			2 Offunge
			☐ Remove
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			Add
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	be specific and cannot be prior to date of fili- ock does not meet the applicable statutor	(optional) ng or more than 90 days after filing.) Pursuant to 605.0; ry filing requirements, this date will not be listed
record specifies a delayed The 90th day after the reco		tive time, at 12:01 a.m. on the earlier
AUSGUST 16	. 2018	
a l	David	

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Typed or printed name of signee

Filing Fee: \$25.00