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Fax Number : (850) 617-6393	·	5
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From:	,	7
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Fax Number : (305) 592-9591	•	
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**Enter the email address for this business entity to be used for $\hat{x}$	uture	Ċ
annual report mailings. Enter only one email address please.**	3	
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ELITE DRY CLEANING SERVICES, LLC

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Corporate Filing Menu

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELITE DRY CLEANING SERVICES, LLC	•••	•		
(Name of the Limited Liability Com (A Florida Limite	nany as it now appear d Liability Company)	on pur records.)		
The Articles of Organization for this Limited Liability Compar	y were filed on	11-21-2017	and as	signed
Florida document numberL17000240285		•	_ <del>-</del>	J
This amendment is submitted to amend the following:	•			
A. If amending name, enter the new name of the limited lin	bility company he	r <u>e</u> :		
The new name must be distinguishable and contain the words "Limited Lie	bility Company," the de	signation "LLC" or th	e abbreviation "L	LC."
Enter new principal offices address, if applicable:		<u></u>		· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET ADDRESS)			<u> </u>	
Enter new mailing address, if applicable:			·	
(Malling address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·		
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•			( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	17 (
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		our records, ent	er the pame	the ne
The state of the s	<u> </u>		SS	D /~
Name of New Registered Agent:	·		(1) Co	
New Registered Office Address:			2017 2017	
	Enter Florid	la street address		5
<del></del>		Florida		
	Clay		Zıp 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(6) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	MARIA QUEVEDO	725 SEVILLA AVE.	
		CORAL GABLES, FL 33134	Remove
			□ Change
MGR	HECTOR A. GONZALEZ	13700 SW 34 STREET	Add
		MIAMI, FL 33 : 75	□ Remove
		<del></del>	
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ective date, if other than the date of filing: a offective date is listed, the date must be specific and o te: If the date inserted in this block does not me aument's effective date on the Department of Sta	amnot be prior to date of file et the applicable statuto te's records.	ling or more than 90 days after ory filing requirements, this	filing.) Pursuant to 602.0 date will not be lister
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Signature of a risk	nber or authorized represe	molive at a member	

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Filing Fee: \$25.00