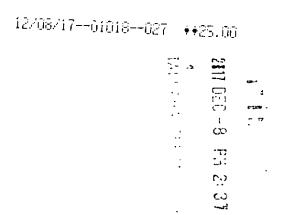
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J. HARRIS

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: ALOHA COIN LAUNDRY LLC  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:
AMGAD GGORGE FAHIM  Name of Person
Firm/Company
3450 5. CCGAN BUV #510
PALM BGACH - FL 33480  City/State and Zip Code  9 eor 9 c. Fah Im 67 @ 9 ma 12. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
AMGAD GGALGE FY3HIM at (561) 52-6-36-46  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
✓ \$25.00 Filing Fee       ☐ \$30.00 Filing Fee & Certificate of Status       ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)       ☐ \$60.00 Filing Fee.             ✓ 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

ALDHA COIN LAUN (Name of the Limited Liability Company (A Florida Limited Lia	DRY LLC v as it now appears on our records.) ability Company)  11118
The Articles of Organization for this Limited Liability Company w	vere filed on
Florida document number <u>L17000244145</u>	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabil</u>	ity company here:
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviations", LL.C."
·	2 - 7 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	· c:
•	
Enter new mailing address, if applicable:	?:
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>
maining dadress MAT DE ATOST OF FICE BOX	
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:	· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip 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> <u>Address</u> MGR AMGAD GEORGE FAMIM 3450 5 OCEAN BLV #510 DAdd PALM BEACH FL - 33480 Remove

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Page 3 of 3

Filing Fee: \$25.00