118000006915

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(Address)	_
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(Business Entity Name)	
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

· .	C	OVER LETTE	R,	
			-	
SUBJECT:	ENM Cleani Name of Limited	Liability Company		<u> </u>
The enclosed Articles of An	nendment and fee(s) are submit	tted for filing.		
Please return all correspond	ence concerning this matter to	the following:		
	JEFF	Rey Henr	ey	 -
	,	Name of Person	J	
	Hei	vay Gean	in, LLC	
Division of Corporations				
	1971	Su 1) Ay	st	
	T	City/State and Z p Code		
	E-mail address: (to b	e used for future annual	report notification)	<u>~1</u>
For further information cond	cerning this matter, please call:	l		
JERROET	Henn	"(7.13)	301 2322	
Name of Pe	rson	Area Code	Daytime Telephone Nu	mber
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				S:
Division of	of Corporations	Division	of Corporations	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Or	
HENRY Cleaning U	.C
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our records.) pility Company)
The Articles of Organization for this Limited Liability Company w	ere filed on 1818 and assigned
Florida document number L18000006915	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilit	y company here:
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	70
(Principal office address MUST BE A STREET ADDRESS)	8 - É. É.
_	A ARE
	I SSE
Enter new mailing address, if applicable:	The second secon
(Mailing address MAY BE A POST OFFICE BOX)	10 LO
-	RIGHT
	* ·
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	e address on our records, enter the name of the new
	<u> </u>
Name of New Registered Agent:	FAREY HENRY
New Registered Office Address: 197	Sw Day St Enter Florida street address
T) .	Enter Florida street address
<u> Ports</u>	City Zip Code
	Cny Znp 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 pe	

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.

 $\{1\} \not\in I$

f Changing Resistered Agent, Signature of New Registered Agent

Page 1 of B

f amend or remov	ing Authorized Person(s) authorized to ed from our records:	managé, <u>ente</u>	the title, name, and address of each person being added
MGR = AMBR =	Manager Authorized Member		•
<u>l'itle</u>	<u>Name</u>	Address	Type of Action
			☐ Add
			☐ Remove
			
			
		 -	□ Remove
			□ Remove
			□ Change
			□ Add
			□ Remove
			☐ Change
			O Add
			☐ Remove
			
			O Add
			☐ Remove
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. If amending any other information, enter change(s) here	e: (Attach additional sheets, if necessary.)	
		
		
		
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		Y OF STATE SEE. FLORID PH D: 89
		TE A
		
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior Note: If the date inserted in this block does not meet the applic document's effective date on the Department of State's records.	able statutory filing requirements, this date will not b	
the record specifies a delayed effective date, but no) The 90th day after the record is filed.	ot an effective time, at 12:01 a.m. on the ϵ	earlier of:
Dated Jan 10 . 2018		
Signature of a member or author	orized representative of a member	
JERREY HE	2~	
Typed or printe	ed name of signee	
Page	e 3 of B	

Filing Fee: \$25.00