

48000151287

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

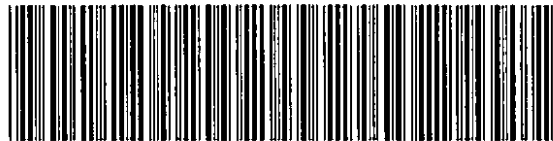
(Business Entity Name)

(Document Number)

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DEPARTMENT OF REVENUE

FILED  
2018 JUL 17 PM 4:14  
CLERK OF SUPERIOR COURT

B FIGUEROA

JUL 17 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: The Wash House 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:

Eida B. Carrillo  
Name of Person

Firm/Company

9114 SW 156 CT  
Address

MIAMI FL 33196  
City/State and Zip Code

Fern-carrillo@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Fernando Carrillo at (305) 333 4848  
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,  
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

The Wash House Laundry LLC

Page 1 of 3

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>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Elda B Carrillo</u>	<u>12216 SW 8<sup>th</sup> ST</u>	<input type="checkbox"/> Add
		<u>MIAMI FL 33184</u>	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
<u>MGR</u>	<u>Carmen Ghaffarzadeh</u>	<u>12216 SW 8<sup>th</sup> ST</u>	<input type="checkbox"/> Add
		<u>MIAMI FL 33184</u>	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

The only change needed is The  
title for both registered persons  
to MOR. Thank you.

2018 JUL 17 PM 4:14  
ALABAMA SECRETARY OF STATE

FILED

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated 7/17/2018 . 2018

Signature of a member or authorized representative of a member

Elda B. Carrillo

Typed or printed name of signer