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COVER LETTER

Division of Co	rporations		
Nalu Lau SUBJECT:	ndry, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Nathan Harris		
		Name of Person	
	Nalu Laundry, LLC		
		Firm/Company	
	354 NW 153rd Ave		
		Address	
	Pembroke Pines, FL 330	028	
	nathan.harris.js@gmail.c	City/State and Zip Code om	
	E-mail address: (to be used for future annual report notifi	ication)
For further information	concerning this matter, please ca	all:	
Nathan Harris		786 205-1220	
Name	of Person	Arca 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:

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

Nalu Laundry, LLC		
(Name of the Limited Liab (A Flor	hility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability	y Company were filed on 7/27/2018	and assigned
Florida document number L18000180825		
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "L	limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	8 ≥ ≤ ≤ ≤ ≤ ≤ ≤ ≤ ≤ ≤ ≤ ≤ ≤ ≤ ≤ ≤ ≤ ≤ ≤
		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		7: XXX
		<u>5</u>
B. If amending the registered agent and/or regregistered agent and/or the new registered office ac		the name of the new
Name of New Registered Agent:	 	
New Registered Office Address:		
	Enter Florida street address	
<u> </u>	, 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

<u>Title</u>	Name	Address	Type of Action
MGR	Nathan Harris	354 NW 153rd Ave Pembroke Pines, FL 33028	
			Remove
	Christina Harris	254 NIM 452-1 A	☐ Change
AMBR	Christina nams	354 NW 153rd Ave Pembroke Pines, FL 33028	Add
		.	□ Remove
			Change
			
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fective date, if other than the d n effective date is listed, the date must be te: If the date inserted in this bloc cument's effective date on the Dep	e specific and cannot be prior to daked does not meet the applicable	te of filing or more than 90 c		
record specifies a delayed of The 90th day after the recor		effective time, at 1	2:01 a.m. on the earl	ier
August 21	2018			
	ignature of a member or authorized			

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Filing Fee: \$25.00