

LI8000220826

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

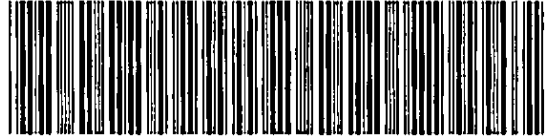
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORP. REGISTRATION

N COOPER

OCT 01 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Girvin 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:

Teresa Akel

Name of Person

Girvin Coin Laundry, LLC

Firm/Company

2950 Halcyon Lane, Suite 205

Address

Jacksonville, Florida 32223

City/State and Zip Code

teresaakel@antrarealty.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Teresa Akel

904

708-2704

at (_____) _____

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Girvin Coin Laundry, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on September 17, 2018 and assigned
Florida document number L18000220826.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability 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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SECTION 605, F.S.
DIVISION OF CORPORATIONS
18 SEP 28 AM 11:31

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Teresa B. Akel

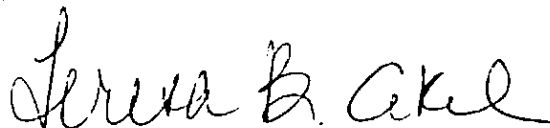
New Registered Office Address: _____

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Pres	Andrew S. Akel		<input type="checkbox"/> Add
		2950 Halcyon Lane, Suite 205 Jacksonville, Florida 32223	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	Teresa B. Akel		<input type="checkbox"/> Add
		2950 Halcyon Lane, Suite 205 Jacksonville, Florida 32223	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Teresa B. Akel	2950 Halcyon Lane, Suite 205 Jacksonville, Florida 32223	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

18 SEP 28 AM 11:31


18 SEP 28 AM 11:31

(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)

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.

September 25, 2018



Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

Typed or printed name of signee