118000238573

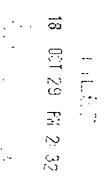
(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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10/29/18--01007--090 **25.00



COVER LETTER

Div	ision of Cor	porations		
SUBJECT:	One Price	Dry Cleaner of Miramar LLC	>	
ооцьст.		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub-	mitted for filing	
			-	
riease return	i aii correspo	ndence concerning this matter	to the following:	
		Sidney Ferguson		
			Name of Person	
		One Price Dry Cleaner o	of Miramar LLC	
			Firm/Company	
		11820 Miramar Parkway	, Suite 115	
			Address	
		Miramar, FL 33025		
		info@onepricecleanermin	City/State and Zip Code amar.com	
		E-mail address: ()	to be used for future annual report notifi	cation)
For further in	nformation co	oncerning this matter, please ca	all:	
Sidney Fer	guson		786 486-8531	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a	a check for th	ne following amount:		
■ \$25.00 F	filing Fee	□ \$30.00 Fiting 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

One Price Dry Cleaner of Miramar LLC (<u>Name of the Limited Liabili</u> (A Florida	ty Company as it Limited Liability	now appears on our red Company)	cords.)
The Articles of Organization for this Limited Liability C Florida document number L18000238573			and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability co	mpany here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Com	pany," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2600	S University Drive	3
(Principal office address MUST BE A STREET ADDR	RESS) Suite	105	<u> </u>
		mar, FL 33025	50
Enter new mailing address, if applicable:	2600	S University Drive	F1 2
(Mailing address MAY BE A POST OFFICE BOX)	Suite	105	<u>ن</u> د: ع
	Mira	mar, FL 33025	
B. If amending the registered agent and/or registered agent and/or the new registered office add Name of New Registered Agent: New Registered Office Address: 11820		way, Suite 115	
.		Enter Florida street ad	
Miram	nar Cir		Florida 33025 Zip Code
New Registered Agent's Signature, if changing Registered	•		.,
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and cacept the obligations of my position as registered agent.	omplete perfor	mance of my duties	, and I am familiar with and

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

	~	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Tiffany L. Young	11820 Miramar Parkway, Suite 115, Miramar, FL 33025	⊟ Add
			□ Remove
			Change
			Add
			□ Remove
			Change
			Remove
			Change
		·····	☐ Add
			Remove
			Change
			Add
			Remove
			☐ Change
			□ Remove
			☐ Change

		
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etive date, if other than the effective date is listed, the date must lift the date inserted in this bloment's effective date on the Defective date.	date of filing: the specific and cannot be prior to date of filing or bock does not meet the applicable statutory filing partment of State's records.	(optional) more than 90 days after filing.) Pursuant to 605.0 ng requirements, this date will not be listed
ecord specifies a delayed e 90th day after the reco	effective date, but not an effective ord is filed.	time, at 12:01 a.m. on the earlier
October 23	2018	
	001	
	Signature of a plember or authorized representative	e of a member

Page 3 of 3

Filing Fee: \$25.00