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## **COVER LETTER**

TO:	Registration Sec Division of Corp	ction porations		
CUBIE	S & I LAUN	NDRY LLC		
SUBJE	CI:	Name of Limi	ted Liability Company	
The en	closed Articles of A	Amendment and fee(s) are subt	mitted for filing.	
Please	return all correspor	ndence concerning this matter t	to the following:	
		YUSIMI ROFRIGUEZ DE	ELGADO	
			Name of Person	
		S & I LAUNDRY LLC		
			Firm/Company	
		3311 E 4TH AVE		
			Address	<del></del>
		HIALEAH FL 33013		
For furt YUSIN			City/State and Zip Code	
		YUSIRD1@YAHOO.COM		
		E-mail address: (t	to be used for future annual report notif	ication)
For fur	ther information co	oncerning this matter, please ca	all:	
YUSIN	MI RODRIGUEZ		786 308-7324 at () Area Code Daytimo	
	Name of	Person	Area Code Daytimo	Telephone Number
Enclose	ed is a check for th	e following amount:		
<b>≘</b> \$23	5.00 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:

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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

(Name of the Limited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company were filed on $\frac{01}{2}$ .	/28/2019 and ass	igned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company he	ere:	
The new name must be distinguishable and contain the words "Limited Liability Company," the c	lesignation "LLC" or the abbreviation "L.	L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)		<u></u>
		-
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
B. If amending the registered agent and/or registered office address or registered agent and/or the new registered office address here:  Name of New Registered Agent:	our records, enter the name	of the

## 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.

City

If Changing Registered Agent. Signature of New Registered Agent

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
AMBR	JACOBO GABRIEL HENRIQUEZ	1750 NW 107 AVE APT WS200 MIAMI FL 33172	Add
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If amending any other information, enter change(s) here: (Attach additional	ii sneeis, ij neces:	sary.)		
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06/10/2019		>	G)	-
Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more  Note: If the date inserted in this block does not meet the applicable statutory filing redocument's effective date on the Department of State's records.	(option than 90 days after file couirements, this d	ing.) Pursua	unt to 60 of be lis	5.0207 (3)( ted as the
the record specifies a delayed effective date, but not an effective tim ) The 90th day after the record is filed.	e, at 12:01 a.r	m. on the	e earl	ier of:
Dated 06/10/2019				
Signature of a member or authorized representative of a	ı member			
•				