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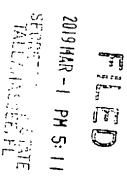
(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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R. WHITE MAR 0.8 2019

COVER LETTER

Division of Cor			
SUBJECT: KY	ie's Cleaners	, LLC	
l	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Michael	Thomas	
		Name of Person	
	Kylie's Clean	Ers UC Firm/Company	
	'	Firm/Company	
	3019 San Cl	aru Dr Apt A	
	_	, todares.	
	Delray Bea	City/State and Zip Code City/State and Zip Code Com To be used for future annual report notifi	
	kuliese leavers	Damail com	
	E-mail address: (to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please ca	all:	
Michael Ti	NOMERS	at (586) 337-5	665
Name o	Person	Area Code Daytime	Telephone Number
Traduced in a character to the	o following amounts		
Enclosed is a check for th	-		
☑ \$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

FILED

Kulie's Clean	ners LLC	2019 MAR - 1 PM 5:
(Name of the Limited	Liability Company as it now appears on our records.) Florida Limited Liability Company)	TALL AUSEF FA
The Articles of Organization for this Limited Liab	ility Company were filed on 1/29/19	and assigned
Florida document number <u>L 19000 29485</u>	·	
This amendment is submitted to amend the follow	ing:	~
A. If amending name, enter the new name of the	ne limited liability company here:	
The new name must be distinguishable and contain the word	ls "Limited Liability Company," the designation "LLC" of	r the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET.	ADDRESS)	·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office		enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flori	da
	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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGE.	Michael Thomas	3014 Son Clara Dr Apt A	Ø Add
		Delray Beach, FL 33445	□ Remove
			Change
<u>AR</u>	Kylie Thomas	3014 Son Clara Dr Apt A	∆dd
		Delray Beach, FL 33445	Ø Remove
			Change
			Remove
			_□ Change
			_□ Add
			_□ Remove
			_□ Change
			_D Add
			Remove
			_□ Change
			_□ Add
			_□ Remove
			_ Change

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(If an effectiv <u>Note:</u> If the	date, if other than the date of filing:
(f the record (b) The 90	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: the day after the record is filed.
Dated	2/26/19 . 2019 .
)	Angulature of a member or authorized representative of a member
	Kylie Thomas Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00