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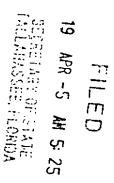
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Special Instructions to I	Filing Officer:	

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## **COVER LETTER**

TO:	Registration Se Division of Cor		* · · · · · · · · · · · · · · · · · · ·	
	Myers Dry	Cleaners		
SUBJI	ECT:	Name of Lim	ited Liability Company	
The en	closed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Eric Myers		
		Myers Dry Cleaners L	Name of Person	
		11341 Blossom Ridge Dr.	Firm/Company	
		Jacksonville Fl 32218	Address	
		myerse1234@gmail.com	City/State and Zip Code	··
		E-mail address: (	to be used for future annual report noti	fication)
For fur	ther information co	oncerning this matter, please ca	ill:	
Eric M			904 894-7706 at ()	· -
	Name of	Person	Area Code Daytim	e Telephone Number
Enclos	ed is a check for th	e following amount:		
<b>■</b> \$2	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:

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

Myers Dry Cleaners 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 March 14,2019 \_\_\_ and assigned Florida document number \_\_\_\_\_L19000071892 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 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) 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: New Registered Office Address: Enter Florida street address , Florida \_ City

## 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>	Type of Action
AR	Charlesetta Myers	11341 Blossom Ridge Dr. Jacksonville Fl 32218	
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ffective date, if other than	the date of filing: (optional)
	must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 is block does not meet the applicable statutory filing requirements, this date will not be listed a
	the Department of State's records.
e record specifies a dela <sup>.</sup> The 90th day after the i	yed effective date, but not an effective time, at 12:01 a.m. on the earlier of
The John day after the	record to thea.
March 29	2019
<b>A</b>	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00