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(Re	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	e #)
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Amend Mame

JUL 30 2019
I ALBRITTON

COVER LETTER

Divi	sion of Corpo	rations		
SUBJECT:	C & K LAUNI	ORY LLC		
SUBJECT		Name of Limi	ted Liability Company	
The enclosed	Articles of An	nendment and fee(s) are subr	nitted for filing.	
		ence concerning this matter t		
	·	LAM BUI	•	
			Name of Person	
		120 CHIEFS WAY	Firm/Company	
		PENSACOLA, FL 32507	Address	
			City/State and Zip Code	
r ra	6		o be used for future annual report no	otification)
		rerning this matter, please ca		
PAUL M CA	MPBELL CP		850 332-6284 at () Area Code Dayti	
	Name of Po	erson	Area Code Dayu	ime Telephone Number
Enclosed is a	check for the t	following amount:		
□ \$25.00 F	iling 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

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TO:

Registration Section

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



C & K LAUNDRY LLC

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

	05/09/2019	. Landing 1
The Articles of Organization for this Limited Liability		and assigned
Florida document number L19000126344	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the h	mited liability company here:	
L & P LAUNDRY LLC		<u> </u>
The new name must be distinguishable and contain the words "I	imited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		- · · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or re registered agent and/or the new registered office a	gistered office address on our reco ddress here:	ords, enter the name of the
registered agent and/or the new registered white in	da cas nere.	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	dress
		Flarida
		. FloridaZip 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>	Name NUGYEN, PHOUNG	Address	I vpe of Action
MGR			= Add
		PENSACOŁA, FL 32507	
			□ Remove
			□ Change
MGR	PHAN, LOAN N	\$18 EAST ALGROVE ST	
		COVINA, CA 91623	
			≡ Remove
			☐ Change
		<u></u>	□ Remove
			☐ Change
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F ffect	ive date if othe	r than the date of filing:			(optional)	
Ir`an eff	ective date is listed.	the date must be specific and o	cannot be prior to date	of tiling or more than 90 o	lays after filing.) Pursuant t	o 605.0207
Note: docum	If the date inserte ient's effective da	d in this block does not mo te on the Department of St	eet the applicable sta ate's records.	tutory tiling requirem	ems, this date will not be	r usted as
		•				
he red	cord specifies	a delayed effective da	ate, but not an e	ffective time, at 1	.2:01 a.m. on the e	arlier of
The	90th day afte	r the record is filed.	,			
Dated	JUIN 18, 2019			_		
		1 1				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00