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(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Son Division of Con			
	.CLEANERS LLC		
SUBJECT:		6 11 1 10 10 10 10 10 10 10 10 10 10 10 1	
	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	THUY LE		
		Name of Person	
	CENTRAL CLEANERS L	LC	
		Firm/Company	
	790 Central Ave		
		Address	
	Saint Petersburg, FL 33701		
	ТНИУ@ТНИУГ.С.СОМ	City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi-	cation)
For further information of	concerning this matter, please c	all:	2021 JUL
THUY LE		727 403-9707	
Name o	of Person	at () Area Code Daytime	Telephone Number
			ﷺ بن
Enclosed is a check for the	he following amount:		- 106 - 106
■ \$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 Addres	ss:	Street Address:	
Registration 5		Registration Sect	ion

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CENTRAL CLEANERS LLC	•	
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records liability Company)	<u>L</u>)
he Articles of Organization for this Limited Liability Company lorida document number	were filed on	and assigned
his amendment is submitted to amend the following:		
L. If amending name, enter the new name of the limited liabi	lity company here:	
he new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC"	" or the abbreviation "L.L.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE <u>A STREET ADDRESS</u>)		
		:
nter new mailing address, if applicable:		- <u>P</u>
Mailing address MAY BE A POST OFFICE BOX		ب ب
Mulling dutiess MAT BE ATOST OFFICE BOA		F: 26
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	ddress on our records, <u>enter</u>	the name of the new regi
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	,
	, Fla	orida
	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 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	Address	Type of Action
	PETER APOSTOLOU	700 CENTRAL AVE #104, Saint Petersburg, FL 33701	
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effective date is listed, the date mu	e date of filing: st be specific and cannot be prior to date of filit lock does not meet the applicable statutor repartment of State's records.	(optional) ng or more than 90 days after filing.) ry filing requirements, this date w	Pursuant to 605.02 /ill not be listed
cord specifies a delayed effective filed.	ve date, but not an effective time, at 12:01	l a.m. on the earlier of: (b) The	90th day after th
JULY IST	2021		
ed	,·		
hug			