## 420 000 127 283

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Harris)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500370976445

08/05/21~-01024~-024 \*\*25.00

FILED

2021 AUG -5 PH 2: 13

SECRETARY OF STATI

## **COVER LETTER**

TO:

	Registration Sec Division of Corp				
eupire		CLEANERS WEST, LLC			
SUBJEC	ı:	Name of Limi	ted Liability Company		
The encio	osed Articles of A	Amendment and fee(s) are subt	mitted for filing.		
Please ret	turn all correspor	ndence concerning this matter	to the following:		
		JOHN O. KOCHKERIAN			
		<del></del>	Name of Person		
		JK LAW, PA			
			Firm/Company		
		925 S. FEDERAL HWY, S	STE. 125		
			Address		2021
		BOCA RATON, FL 33433	2	ALLA ALLA	2021 AUG
			City/State and Zip Code	正:37 27	y [
		JOHN@JKLAWPA.COM			- P
For furth	er information co	e-mail address: (i oncerning this matter, please ca	to be used for future annual report no all:	tification) 변성	?: \ <u>\</u>
JOHN C	). KOCHKERIA.	N	954 818-9795 at ( )	173	
	Name of	f Person		me Telephone Number	
Enclosed	l is a check for th	ne following amount:			
<b>■ \$2</b> 5.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filin Certificate of Certified Co (additional co)	of Status &
	Mailing Addres Registration S		Street Address: Registration S	ection	
	Division of C	corporations,	Division of Co	orporations	
	· ·				)
	P.O. Box 632 Tallahassee, I		The Centre of 2415 N. Monr	Tallahassee oe Street, Suite 810	)

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A & T DRY CLEANERS WEST, LLC				
( <u>Name of the Limited Liability Compa</u> (A Florida Limited)	ny as it now appears on our recor Liability Company)	<u>rds.</u> )	•	
The Articles of Organization for this Limited Liability Company were filed on 05/11/2020				
lorida document number L20000127283				
his amendment is submitted to amend the following:				
. If amending name, enter the new name of the limited liab	ility company here:			
SEVAG MANAGEMENT, LLC				
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LL		L.L.C.``	
Inter new principal offices address, if applicable:		ECF		
		FR A	<del>1]</del>	
Principal office address MUST BE A STREET ADDRESS)		<del></del>		
	<del></del>			
			=	
nter new mailing address, if applicable:	1421 NW 47TH AVE	2:   STA STA		
Mailing address MAY BE A POST OFFICE BOX)	LAUDERHILL, FL 33313	- Ε΄ ω		
3. If amending the registered agent and/or registered office a	address on our records, ente	r the name of the n	ew regist	
gent and/or the new registered office address here:	<u></u>			
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street addre	ase.		
	emer r tortaa sireet aaare	ros		

## 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 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>	Address	Type of Action
AMBR	ARA TOKATLIAN	5110 NE 26TH A VENUE	□ Add
		FORT LAUDERDALE, FL 33308	■Remove
			☐ Change
AMBR	SEVAG TOKATLIAN	5110 NE 26TH A VENUE	<b>=</b> Add
		FORT LAUDERDALE, FL 33308	2021 Remove
		AHASSEE, F	5   Ghange
			Remove
			□Change
	<del></del>		□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Сһапде
			□Remove
			□Change

								<del>.</del>
		<del></del>						<del></del>
	<del></del>					-	_	<del></del>
			-	<del></del> -		<u></u>	<del></del>	
		<del></del> :-		, <u> </u>			·	
	<del></del>							
				<del></del> ·			2021	
						<u> </u>	AUG	
-			<u> </u>				<del>}</del>	
						388		
						<u></u>	. 10	
		_					<del>: -</del> -	
		<del></del> .			· <del></del> -··-	<del></del> -		<del></del>
							_	
ffective date, if other than the date an effective date is listed, the date must be ote: If the date inserted in this block ocument's effective date on the Department.	specific and does not a	d cannot be p meet the ap	plicable sta	of filing or m atutory filin	ore than 90 c g requireme	_ (optiona lays after filin ents, this dat	o ) Dumun	nt to 605,020 t be listed a
ecord specifies a delayed effective da is filed.	te, but not	t an effectiv	ve time, at	12:01 a.m. o	on the earli	er of: (b) T	he 90th (	lay after the
ated June 28		2021						
	· · //							
1/1/4/				presentative	<del></del>			