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236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

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X	x FILING	LLC	AMEND_				
1.	DASH OF GOLD CL		SERVICES	LLC			
2.	(CORPORATE NAME AND DOC	UMENT #)					
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COVER LETTER

Division of Corporations
SUBJECT: Dash of Gold Cleaning Services ILC Name of Limited Liability (Volumen)
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michelle N. Fitch
Dash of Gold Cleaning Services
2198 Hagood loop Crestines Fe. 32536
Crestinau FL 32536 City State and Zip Code
E-mail address: (to be used for future should report notification)
For further information concerning this matter, please call:
Michelle W. Fitch at (850) 737-0293 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25,00 Filing Fee Solution Status Solution Sta

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

Dash of Gold Cleaning Ser	Was LLC
(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited Liability Company were filed on	My 22nd, 2020 and assigned
Florida document number20000215343	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company he	re:
Michelle N. Fitch LLC The new name must be distinguishable and contain the words "Limited Liability Company." the d	
Enter new principal offices address, if applicable:	Section 54 of the adopting and a section
(Principal office address MUST BE A STREET ADDRESS)	
	322
7	
Inter new mailing address, if applicable:	1
Mailing address MAY BE A POST OFFICE BOX)	
	طن ج
3. If amending the registered agent and/or registered office address on egistered agent and/or the new registered office address here:	our records, enter the name of the pe
Name of New Registered Agent:	
New Registered Office Address:	
	da street address
	, Florida
City ew Registered Agent's Signature, if changing Registered Agent:	Zip Code
hereby accept the appointment as registered agent and agree to act in this corrections of all statutes relative to the proper and complete performance of necept the obligations of my position as registered agent as provided for in Cities filed to merely reflect a change in the registered office address. I hereby	ny duties, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

If simending 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

Title	<u>Name</u>	Address	Type of Action
			D Add
			O Remove
			C ("hange
			□ Add
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- 			□ Add
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			Change
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_	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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क्षा effec ote; ।	e date, if other than the date of filing: (optional) tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as it's effective date on the Department of State's records.
reco The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of Oth day after the record is filed.
ie d _	January 5. 2022.
	Signature of a member or authorized representative of a member
	Michelle N. Fitch Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00