## 120 000 223127

(Re	questor's Name)	
(Ad	dress)	
. (Ad	dress)	
(Cit	ty/State/Zip/Phone	e#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Dc	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: Bar	nd C Cleaners L	-LC	•
30bjec1	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Bianca	Silv Ct Name of Person	
		Name of Person	
	Band CCI	eaners LLC	
	,0 001 101 0	Firm/Company	
	5015 NF 82	ad ST	
	505 NE 82	Address	
	Miomi E	32120	
	IVITCH I I	L 33138 City/State and Zip Code	
		LC@gmcul. COM	
	E-mail address: (	to be used for future annual report notif	fication)
For further information c	concerning this matter, please co	all:	
Bianca s	Silva		lio au
	f Person	at (781) (605- Area Code Daytime	e Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	S \$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	e.	Street Address:	

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

Street Address: 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

impany as it now appears on our relited Liability Company)	ecords.)
any were filed on <u>07-27-</u>	2020 and assigned
liability company here:	
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station y company, the designation	the of the abbreviation E.E.C.
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	<u> </u>
ice address on our records, <u>e</u>	nter the name of the new registered
Enter Florida street a	ddress
	, Florida
City <sup>.</sup>	Zip Code
1	ice address on our records, e

## 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>	Address	Type of Action
MGIR	Jeffrey Olivier	505 NERZA ST, Miami, FL3	3138.™Add
			□Remove
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