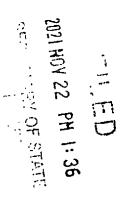
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COVER LETTER

TO: Registration S Division of Co				•
	TE LAUNDRY- WEST MELI	BOURNE LLC.	•	1
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspond	ondence concerning this matter	to the following:		
	JESSE SCIANNO			
		Name of Person		
	WASH RITE LAUNDRY	- WEST MELBOURNE LLC.		
	<u></u>	Firm/Company		
	8455 STALWART CIRC	LE		
		Address		
	VIERA, FL 32940			
		City/State and Zip Code		
	JESSESCIANNO@HOTM			
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report not all:	ification)	
JESSE SCIANNO		321 626-1616 at ()		
Name o	f Person		ne Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$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 Address Registration		<u>Street Address:</u> Registration Se	ection	
Division of C	Corporations	Division of Co		
P.O. Box 632		The Centre of	Γallahassee	
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WASH RIGHT LAUNDRY-WEST MELBOURNE LLC

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

The Articles of Organization for this Limited Liability Compar	y were filed on 08/27/2020 and assigned
Florida document number L20000267057	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
WASH RITE LAUNDRY-WEST MELBOURNE LLC	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	
agent and/or the new registered office address here: Name of New Registered Agent:	e address on our records, <u>enter the name of the new registered</u>
New Registered Office Address:	Enter Florida street address
	Florida Zip Codez
New Registered Agent's Signature, if changing Registered Agen	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	provided for in Chapter 605, F.S. Or, if this document is

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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
		·	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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an eff ote:	ive date, if other than the date of filing:
recor Lis fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
ated	October 187, 2021
	Signature of a member or authorized representative of a member
	Jesse Sgranno
	Typed or printed name of signee

Filing Fee: \$25.00