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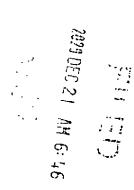




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S. YOUNG



## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: US1 Fresh Laurdry LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Marie Saint Hilaire
Dinie Store Wholesale ? Retail Clothes LLC
GO98 SQUTTH US 1
Port Saint Lucie FL 34952 City/State and Zip Code
Permit address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Marie Saint Hilaire at 777 626-9000  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  S60.00 Filing Fee, Certified Copy (additional copy is enclosed)

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

US 1 Fres	jability Company as it now appears on o	ur records.)
The Articles of Organization for this Limited Liabil Florida document number <u>L</u> 20000 3 5 7	my company were med on	06 2020 and assigned?
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the Dime Store Wholes The new name must be distinguishable and contain the words	Cale ? Retail ( "Elmited Liability Company," the designa	tion "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<u>X)</u>	
B. If amending the registered agent and/or regis agent and/or the new registered office address h		ls, <u>enter the name of the new registered</u>
Name of New Registered Agent:	<u></u>	
New Registered Office Address:	Enter Florida str	eet address
-		, Florida
	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
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
		□Change	
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an effe <u>lote:</u>	ve date, if other than the date of filing:
record Lis tild	I 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 ed.
ated _	12/16/2020  January of a member or authorized representative of a member