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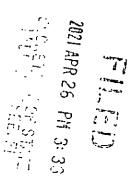
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COVER LETTER

10: Registration Sec Division of Corp				
SUBJECT:	CUSOM Name of Lin	Uniforms L	LC_	
The enclosed Articles of A	Amendment and feets) are sub	omitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
		ANCE LAPRES	<u>s7</u>	
	_3326_U	VAShing Tan La	2021 APR 25	. 27 3 13 14 25 14 22 1
	Lance Ja Press	City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code	33026 SSE R	
For further information co.	ncerning this matter, please ca	nH:	, ,	
LANCE	LAPrest	at (954) To 9 Area Code Daytime	1-9066 Telephone Number	
functosed is a check for the	following amount:			
X \$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)	
<u>Mailing Address:</u> Rouistration Se		Street Address: Registration Sec	tion	

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

(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 Company were filed on 3/18/21 and assigned Florida document number 1-21000/36/146.
Pus amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here: 13 UNIFOCO SOUTIONS LAC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: Enter Florida street address Description of the control of the
Florida Fig. 3
Cus /m 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 amonding 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
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n effective date is list <u>te:</u> If the date inse	her than the date of ed, the date must be spe rited in this block doo date on the Departme	citic and cannot be as not meet the a	prior to date of filing pplicable statutory	or more than '	(option)) days after ti ements, this c	ling a Pursua	ncto 605.020 Che listed :
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