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## **COVER LETTER**

Registration Section

Tallahassee, FL 32314

TO:

Div	ision of Cor	porations		
elid ip <i>e</i> t	Laundryolo	gy LLC		
SUBJEC1:		Name of Lim	ited Liability Company	
(additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Mailing Address:  Registration Section  Certified Copy (additional copy is enclosed)  Street Address:  Registration Section				
The enclosed	Name of Limited Liability Company  B Articles of Amendment and fee(s) are submitted for filing.  all correspondence concerning this matter to the following:    Sabrina Glenn			
Please return	all correspo	ondence concerning this matter	to the following:	
		Sabrina Glenn		
			Name of Person	
		Laundryology CCC		
			Firm/Company	<del></del>
		145 Marsella Rd		
			Address	
		DeBary, FL 32713		
			City/State and Zip Code	
				<del></del>
For further is	nformation c		-	tification)
		one one of the second		
	Name o	f Person		me Telephone Number
Enclosed is a	t check for th	ne following amount:		
<b>≡</b> \$25.00 F	Filing Fee		Certified Copy	Certificate of Status &
				ection
	•		<del>_</del>	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Laundryology LLC		agands )	_
( <u>Name of the Limited Liability Com</u> (A Florida Limite	d Liability Company)	ecorus.)	
The Articles of Organization for this Limited Liability Compared Florida document number L21000322777	ny were filed on July 15 2021	and	assigned
This amendment is submitted to amend the following:			
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)			
		SECR SECR	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	-	<u>ξ</u> Ω ω	4
			J
	e address on our records, <u>e</u>	nter the name of the	new register
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street a	ddress	
		Florida	
<del></del>	City	Zip Co	ode .
New Registered Agent's Signature, if changing Registered Agen	<u>ıt:</u>		
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a	te performance of my dutie	s, and I am familiar	with and

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>	Name	<u>Address</u>	Type of Action
MGR	Zachary Genn	145 Marsella Rd.	□ Add
		Debary, FL 32713	■Remove
AMBR	Sabrina Glenn	145 Marsella Rd	
		Debary, FL 32713	□Remove
		Change title from CEO to Member	■Change
			SECRETARY 23 Remove
		i	Romove  Change
<del></del>			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
<del></del>			□Add
			□Remove
			□Change

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