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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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T. MATTHEWS DEC 16 2021

COVER LETTER

TO: Registration Division of C		•	
SUBJECT:	HotScrubs	LLC	
Sobject.		ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	MARIE FI	EURANTAN Name of Person	
	Ho	+Scrub2 LL Firm/Company)	C
	^	AmptoN BIVD	
	North	Lauderdale	Sente 204 Fl 33068
	Monafle un	City/State and Zip Code WHOHMAU - C to be used for future annual report noti	om
For further information	concerning this matter, please co	all:	
MARIE	F/EURANTN of Person	at (954) 297 Area Code Daytim	e Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	S30.00 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 Addi Registration Division of		Street Address: Registration Se Division of Cor	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO

ARTICLES OF	ORGANIZA		
	OF	(F1 3: 25

<u>.</u>	Or		21 [1 2. 60
(Name of the Limited	Crub? Liability Company Florida Limited Lia	Z LLC vas it now appears ibility Company)	_	
The Articles of Organization for this Limited Liab Florida document number 21000	ollity Company w	rere filed on	8/16/20	and assigned
This amendment is submitted to amend the follow	ing:	•		
A. If amending name, enter the new name of the	<u>ie limited liabili</u>	ty company her	<u>e</u> :	
The new name must be distinguishable and contain the word	Is "Limited Liability	/ Company," the des	ignation "LLC" or th	c abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	·		
(Principal office address MUST BE A STREET.	ADDRESS)	*		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>	140 Ps Champio	ntail to ms Gate	4Ne APT 308 FP 33896
B. If amending the registered agent and/or reg agent and/or the new registered office address I	istered office ad <u>tere</u> :	dress on our rec	ords, <u>enter the n</u>	ame of the new registered
Name of New Registered Agent:				
New Registered Office Address:	80 20	HAMPfor Enter Florid	1 B/V 0 8 a street address	33068 Zip Code
	North	Laudevo	<u>Lale,</u> Florida	33068 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:

$\mathbf{MGR} = \mathbf{M}$ $\mathbf{AMBR} = \mathbf{A}$	anager uthorized Member	Address 21 1777 - 5 17 3: 25	
<u>Title</u>	<u>Name</u>	Address 21	Type of Action
			□Add
			□Remove
			□Change
			Remove
			Change
			□Add
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			□Remove
			Change
		□ Remove	
			Change
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			□Change

		21 000 -6 53: 25
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(If an effect Note: If		(optional) odate of filing or more than 90 days after filing.) Pursuant to 605.0207 (ole statutory filing requirements, this date will not be listed as t
ord is filed	1.	e, at 12:01 a.m. on the earlier of: (b) The 90th day after the
_	12/2/2021 Mane Fleurant Typed or printed	
Dated	101012021	
	Mane	
	Signature of a member or authori	zed representative of a member
	1/201	· / 1
	NIANCE FLEURANT	/N

Filing Fee: \$25.00