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(Document Number)
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Me Horn





10/22/21--01016--019 **25.00



COVER LETTER

	Registration Division of C	Section Corporations		• 4
		RITE LAUNDRY- PALM BAY I	LLC.	•
SUBJEC	CT:	Name of Lin	ited Liability Company	
The enclo	osed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all corre	spondence concerning this matter	to the following:	
		JESSE SCIANNO		
			Name of Person	
		WASH RITE LAUNDRY	- PALM BAY LLC.	
			Firm/Company	.
	8455 STALWART CIRCLE			
		~	Address	
		VIERA, FL 32940		
			City/State and Zip Code	
		JESSESCIANNO@HOTN	AIL.COM to be used for future annual report noti	itication)
For furth	ner informatio	on concerning this matter, please c		
JESSE S	SCIANNO		321 626-1616	
	Nan	ne of Person	Area Code Daytim	ne Telephone Number
Enclosed	l is a check fo	or the following amount:		
■ \$25.	.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	P.O. Box 6	on Section f Corporations	Street Address: Registration Se Division of Con The Centre of T 2415 N. Monro Tallahassee, FL	rporations Fallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 OCT 22 AM 2:27

RIVERVIEW LAUNDROMAT LLC

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

IALLAHASSEE, Florida

The Articles of Organization for this Limited Liability Co	ompany were filed on 08/23/2021	and assigned
Florida document number L21000376970	_·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
WASH RIGHT LAUNDRY-PALM BAY		
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	 	
(Principal office address MUST BE A STREET ADDR.	ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter t</u>	he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	rida
	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>	<u>Name</u>	Address	Type of Action
		·····	Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□ Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			☐ Change

Note	ctive date, if other than the date of filing:
	ord 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 filed.
Date	October 18 2021
	Signature of a member of authorized representative of a member
	Jesse Scipmo Typed or printed name of signee

Filing Fee: \$25.00