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(Re	questor's Name)	
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COVER LETTER

Division of Corp	orations					
CHD IPZT.	CORNERST	ONE CLEANERS LLC				
SUBJECT:	Name of Lim	ited Liability Company	<u> </u>			
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspoi	ndence concerning this matter	to the following:				
	MONICA FOLSOM					
		Name of Person		_		
		Firm/Company		_		
	PO BOX 1264					
	Address					
	PERRY, FL 32348					
		City/State and Zip Code	<u> </u>			
	MONICA@PLANTATION					
For further information co	te-mail address: (procerning this matter, please c	to be used for future annual report notificati all:	on)	2021 OCT SEU ::: TALL:	£	
MONICA FOLSOM		850 843-0259 at ()		<u> </u>	•	
Name of	Person		ephone Numbe	ر کیں	. F	
Enclosed is a check for the	e following amount:			1		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &		
Mailing Address	<u>:</u>	Street Address:				

Registration Section
Division of Corporations

P.O. Box 6327

TO:

Registration Section

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

CORNERSTONE C				
(Name of the Limited Liability Compan (A Florida Limited L	iy as it now appears on our records.) lability Company)			
The Articles of Organization for this Limited Liability Company vilorida document numberL21000380467	were filed on <u>08/25/2021</u>	;	and ass	igned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	lity company here:			
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" of	or the abbrevia	ntion "L.	L.C.
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
		 -	~	
		젊음)21 (- e je st. 1
Enter new mailing address, if applicable:			<u> </u>	77
Mailing address MAY BE A POST OFFICE BOX)				
			موتر	7 1
		· .	<u>.:</u>	الس.
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter th</u>	e name of t		v regi
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	Flori	ida		
	City	7 <i>i</i>	n 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
MGR	BRIAN CONRAD	190 S. CHERRY STREET	
		MONTICELLO, FL 32344	≣Remove
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			□Add
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ective date, if other than n effective date is listed, the date	must be specific a	ng: nd cannot be p	rior to date of	filing or more ti	(0 ian 90 days a	otional) fter filing.) Pursuar	nt to 605,02
te: If the date inserted in thicument's effective date on the	s block does not	meet the app	olicable statu	tory filing rec	uirements,	this date	will not	be listed
·	o bepartment of	State in recoi						
ecord specifies a delayed effe is filed.	ctive date, but n	ot an effectiv	e time, at 12	:01 a.m. on th	e carlier of	:(b) Th	ie 90th d	lay after th
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