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COVER LETTER

TO: Registration Division of	n Section Corporations	4.	·	
CHAIN	I BRIDGE LAUNDRY 2ND AVE	ELLC	•	
SUBJECT:	A BRIDGE LAUNDRY 2ND AVE	nited Liability Company		
The enclosed Articles				
Please return all corre	espondence concerning this matter	to the following:		
	DAMELIS THEOCHAR	rs.		
		Name of Person		F. M
		Firm/Company		1
	7601 E TREASURE DRI	VE APT. 2114		ф
		Address		
	MIAMI, FLORIDA 3314	1		·
	dtheocharis@chainbridgela	City/State and Zip Code		
		(to be used for future annual report notifi	ication)	
For further information	on concerning this matter, please of	call:		
MICK LONGO, ESC		305 357-0619 at ()		_
Nan	ne of Person	Area Code Daytime	Telephone Number	
Enclosed is a check fo	or the following amount:			
■ \$25.00 Filing Fee	c S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing F Certificate of S Certified Copy (additional copy is	Status &
<u>Mailing Ado</u> Registratio		Street Address: Registration Sec	tion	
	f Corporations	Division of Corr		

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

CHAIN BRIDGE LAUNDRY 2ND AVE LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Florida Limited L	iability Company)	
The Articles of Organization for this Limited Liability Company vi Florida document number <u>L21000425263</u>	were filed on 09/28/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
CHAIN BRIDGE LAUNDRY 7TH AVE LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ty 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)		
		
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		1 44
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 the na</u>	me of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Ulasida	
	, Florida _ City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pabeing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I an rovided for in Chapter 605, F.S. O	n familiar with and r, if this document is
If Chang	ging Registered Agent, Signature of New F	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>	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			□Change
			□Add
			□Remove
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Filing Fee: \$25.00