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FILED
2021 NOV 18 PM 3: 11
SECRETARY OF STATE

Y. SCOTT DEC - 9 2021

COVER LETTER

TO: Registration So Division of Cor					
	; I DRY CLEANING SERVICE	ES, LLC			
SUBJECT:	Name of Lim	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	MARIE C CIMEUS				
	_	Name of Person		-	
	BLESSING DRY CLEAN	NING SERVICES, LLC		938 938	2021
		Firm/Company			NO.
	7443 PINEDALE DRIVE			AN AN	2021 NOV 18 PM 3: 1
		Address	·	38 8 8 8	PK
	BOYNTON BEACH, FL	33436		ASSEE, FL	ငှာ
	MCIMEUS201@GMAIL.C			, <u>-</u> -1	
For further information of	E-mail address: (oncerning this matter, please c	to be used for future annual report not	fication)		
MARIE C CIMEUS		561 704-1059			
Name o	f Person	Area Code Daytim	e Telephone Number		
Enclosed is a check for the	ne following amount:				
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Fi Certifica Certified (additional	te of Stat Copy	us &
Mailing Address		Street Address:	ution		
Registration 9 Division of C		Registration Se Division of Cor			
P.O. Box 632	.7	The Centre of T	allahassee		
Tallahassee, l	FL 32314	2415 N. Monro	e Street, Suite 8	10	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLESSING DRY CLEANING SERVICES, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{10/12/2021}{10/12/2021}$ and assigned Florida document number L21000445934 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviating "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida City 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 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>	<u>Name</u>	Address	Type of Action
MGR	MARIE C CIMEUS	7443 PINEDALE DRIVE	≣ Add
		BOYNTON BEACH, FL 33436	Remove
AP	RONEL CIMEUS	7443 PINEDALE DRIVE	
		BOYNTON BEACH, FL 33436	SECRETARY DE STAT
		-	A Change
AP	MAXDONALD ZAKHAR	7443 PINEDALE DRIVE	SEE STA
		BOYNTON BEACH, FL 33436	☐ ☐ ☐ Remove
			□Change
AP	RAMSES JEAN BAPTISTE	7443 PINEDALE DRIVE	🗆 Add
		BOYNTON BEACH, FL 33436	■Remove
			□Change
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			□Remove
			□Change

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Filing Fee: \$25.00