## 121000532295

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## **COVER LETTER**

**Registration Section** 

P.O. Box 6327

Tallahassee, FL 32314

TO:

Division of Corporations		
SUBJECT: Big Vibez Laundy UC Name of Limited Liability Company		
The enclosed Articles of Amendment and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Mckelvey Escarment Name of Person  Big Vibes Laundry UC Firm/Company  310 NW 67775+.  Address		
MIGMIFL 33150  City/State and Zip Code  MCKelvey Escarment @ Outlook.com  E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Mckelvy Escarment at 786 S08279  Area Code Daytime Telephone Number		
Enclosed is a check for the following amount:  \$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$60.00 Filing Fee. Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address:  Registration Section  Division of Corporations  Street Address:  Registration Section  Division of Corporations		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Flame of the Limited Liability Compan (A Florida Limited L	ndy U	our records.)
The Articles of Organization for this Limited Liability Company of Florida document number <u>L21000532295</u>		17/2021 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabile.  The new name must be distinguishable and contain the words "Limited Liability of the new name of the limited liability of the new name must be distinguishable and contain the words "Limited Liability of the new name of the limited liability of the new name of the new name of the limited liability of the new name of	1 C	ation "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:  (Mailing address MAY BE A POST OFFICE BOX)	1801 POI	1K St.#222123 dFL 33022
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our recor	ds, <u>enter the name of the new registerec</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida st	reet address
	City	, Florida

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
		<del> </del>	
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			☐ Change

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an effective of the state of th	date, if other than the date of filing:
_	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
t is filed.  Pated	1/9/2022
-	Signature of a member of authorized representative of a member
	MCKelvey Escarment  Typed or printed name of signee