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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC

Account Number: I20220000070 Phone : (888)462-3453

: (877)919-2613 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.*

EFILE1234@INCFILE.COM Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DI DETAILING LLC

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TO:

Registration Section

P.O. Box 6327

Tallahassee, Fl. 32314

COVER LETTER

| Division of Co | porations | | |
|-----------------------------|--|---|---|
| SUBJECT: | | TAILING ELC | |
| 300JECT. | Name of Lin | nited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| | ondence concerning this matter | | |
| | LOVETTE DOBSON | | |
| | | Name of Person | |
| | | Firm/Company | |
| | 17350 STATE HWY 249 | STE 220 | |
| | | Address | |
| | HOUSTON, TX 77064 | | |
| | EFILE1234@INCFILE.CO | City/State and Zip Code M | |
| | F-mail address: (| to be used for future annual report noti | fication) |
| For further information c | oncerning this matter, please e | all: | |
| LOVETTE DOBSON | | at () | 415.3 |
| Name of Person | | Area Code Daytim | e Telephone Number |
| Enclosed is a check for t | he following amount: | | |
| 黨 \$25,00 Filing Fee | ☐ \$30,00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | © \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Addres Registration | Section | Street Address: Registration Se | |
| Division of C | orporations | Division of Cor | porations |

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | DI DETAH | JNG LLC | | | |
|--|--|---|-------------------------|--------------------|--------------------|
| (Name of the Lim | ited Liability Comps (A Florida Limited | any as it now appears Liability Company) | on our records.) | | _ |
| The Articles of Organization for this Limited 1 | | were filed on | 02/14/2022 | and | assigned |
| This amendment is submitted to amend the fol | | | | | |
| A. If amending name, enter the new name of | of the limited liab | oility company her | <u>re</u> : | | |
| QUALITY CLEANERS LLC | | | | | |
| The new name must be distinguishable and contain the | words "Lumited Liabi | lity Company," the de- | signation "LLC" of | r the abbreviation | "L.L.C." |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | | 115 Ne Sixth St. | | | |
| | | Delray Beach, FI | . 33444 | | |
| | | | | SE 22 |) |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 115 Ne Sixth St. | | 2 SEP | |
| | | Delray Beach, FL | _ 33444 | - <u>※</u> ~ | |
| | | | | OF STA | Ш |
| | | | | STA STA | Ö |
| B. If amending the registered agent and/or agent and/or the new registered office address. | | address on our re | cords, <u>enter the</u> | e name of the i | iew registe (4) |
| Name of New Registered Agent: | | | | | _ |
| New Registered Office Address: | 1115 Ne Sixth | St | | | |
| | Enter Florida street address | | | | |
| | Delray Beach | | , Floric | da <u>33444</u> | |
| | | City | | Zip Coc | le |

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

Page: 4/5 (((H22UUU3UU442 3))) (((H22UUU3UU442 3))) or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|---------------|------------------------|-----------------|
| AMBR | Max Arnold | 115 Ne Sixth St. | □Add |
| | | Defray Beach, FL 33444 | □Remove |
| | | | ■ Change |
| AMBR | Samuel Arnold | 115 Ne Sixth St. | ≡Add |
| | | Defray Beach, FL 33444 | □Remove |
| | | | □Change |
| AMBR | Derek Hicks | 4912 W Kathleen St | □Add |
| | | Tampla, FL 33607 | ■Remove |
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| | 1) et a. | | |
| fective date, if other than the d in effective date is listed, the date must b ote: If the date inserted in this bloc cument's effective date on the Dep | k does not meet the applicable | ate of filing or more than 90 d statutory filing requireme | (optionar) ws after filing.) Pursuant to 605.0207 nts, this date will not be listed as |
| | date, but not an effective time. | at 12:01 a.m. on the earlie | r of: (b) The 90th day after the |
| | | | |
| is filed. | 2022 | | |
| ecord specifies a delayed effective of is filed. Ited September 1st | 2022 3-Mald ignature of a member or authorize | | |

Filing Fee: \$25.00 (((H22000300442 3)))