

L22000437803

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

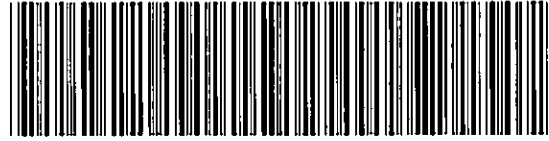
(Business Entity Name)

(Document Number)

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FILED  
2022 OCT 18 AM 9:04  
STATE OF MISSISSIPPI

2022 OCT 18 PM 3:15  
STATE OF MISSISSIPPI

A DUPLICATE  
OCT 19 2022



**COGENCYGLOBAL**

115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
**866.625.0838**  
COGENCYGLOBAL.COM

Date: **October 18, 2022**

Account#: I20000000088

Name: **KEN**

Reference #: **1810746**

Entity Name: **CY'S LINEN SERVICE, LLC**

Articles of Incorporation/Authorization to Transact Business

Amendment

Change of Agent

Reinstatement

Conversion

Merger

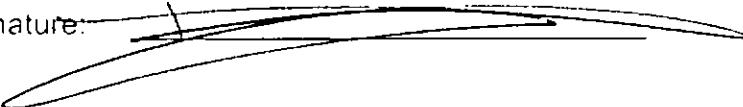
Dissolution/Withdrawal

Fictitious Name

Other \_\_\_\_\_

**ISSUES? CALL  
KEN:  
518-213-0738**

Authorized Amount: **\$25.00**

Signature: 

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

2022 OCT 18 AM 9: 04

Cy's Linen Service, LLC

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

DE STATE  
17 11 21 11: 00 AM  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on October 12, 2022 and assigned Florida document number L22000437803.

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 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)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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: Cogency Global Inc.

New Registered Office Address: 115 North Calhoun Street, Suite 4

Enter Florida street address

Tallahassee, Florida 32301  
City Zip 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.*

*Sheryl Gibbs*

\_\_\_\_\_  
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>	<u>Address</u>	<u>Type of Action</u>
MGR	Luis Aguilar	510 W 28th St.	<input checked="" type="checkbox"/> Add
		Hialeah, FL 33010	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Mark Feldman	510 W 28th St.	<input type="checkbox"/> Add
		Hialeah, FL 33010	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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