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| PICK-UP                 | ☐ WAIT              | MAIL      |
|                         |                     |           |
| 3)                      | Business Entity Nam | ne)       |
| •                       |                     |           |
| . (D                    | Ocument Number)     |           |
| •.                      |                     |           |
| Certified Copies        | Certificates        | of Status |
| ··                      |                     |           |
| Special Instructions to | o Filling Officer:  |           |
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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

3/5/2024

NAME: PARADISE LAUNDROMAT LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

PARADISE LAUNDROMAT LLC

2024 MAR -5 AM 10: 38

| (Name of the Lim  | ited Liability Company<br>(A Florida Limited Lia | y as it now appears on our reability Company)              | TALLAHASSEE, FLORID,                |  |
|---|--|--|-------------------------------------|--|
| The Articles of Organization for this Limited I   | Liability Company w                              | vere filed on <u>02/02/2023</u>                            | and assigned                        |  |
| Florida document number L23000072544  | ·  |  |                                     |  |
| This amendment is submitted to amend the fol  | Howing:  |  |                                     |  |
| A. If amending name, enter the new name   | of the limited liabil                            | ity company here:  |                                     |  |
| The new name must be distinguishable and contain the  | words "Limited Liabilit                          | y Company," the designation "                              | LLC" or the abbreviation "L.L.C."   |  |
| Enter new principal offices address, if appli   | icable:  |  |                                     |  |
| (Principal office address MUST BE A STRE  | <u>ET ADDRESS)</u>                               |  |                                     |  |
| Enter new mailing address, if applicable:   |  | 10590 NW 18 ST   |                                     |  |
| (Mailing address MAY BE A POST OFFICE   | <u> </u>   | PLANTATION, FL. 33322                                      |                                     |  |
| B. If amending the registered agent and/or agent and/or the new registered office addressed Name of New Registered Agent: | ess here:  | <b>ldress on our records, <u>er</u></b><br>M. BALAKRISHNAN | iter the name of the new registered |  |
|   | 10590 NW 18 ST                                   |  |                                     |  |
| New Registered Office Address:  | 1000   | Enter Florida street aa                                    | ldress                              |  |
|   | PLANTATION                                       |  | . Florida 33322                     |  |
|   |  | 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.

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>        | Type of Action |
|--------------|-------------------------|-----------------------|----------------|
| AMBR         | AKHILA KUMAR            |                       |                |
|              |                         |                       | ■Remove        |
|              |                         |                       | □Change        |
| AMBR         | VENKATESAN BALAKRISHNAN | 10590 NW 18 ST        |                |
|              |                         | PLANTATION, FL. 33322 | □Remove        |
|              |                         |                       | □Change        |
|              |                         |                       |                |
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| fective date, if other than the                  | e date of filing:                     |                             | (optional)   |
| an effective date is listed, the date mu         | st be specific and cannot be prior to |                             | O days after filing.) Pursuant to 605,0207<br>ments, this date will not be listed as |
| ocument's effective date on the I                |                                       | ne maranery ming require    | ments, this date will not be fished to   |
|  |                                       |                             |  |
| record specifies a delayed effectively is filed. | e date, but not an effective time     | e, at 12:01 a.m. on the ear | flier of: (b) The 90th day after the   |
| , MARCH 2  | 2024                                  |                             |  |
| ated   | 10/1                                  | - ·                         |  |
| // //  | 11110.6                               | •                           |  |

Typed or printed name of signee