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COVER LETTER

Division of Corp	orations				_
: Subject:	(ross ()	reek (oin	laurdry	LL	
	omendment and fee(s) are subm				
Please return all correspon	dence concerning this matter to	o the following:			
	Jun	Name of Person Yeek (oin Firm/Company	hang	j i	(
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	Jun 21/ E-mail address: (6	SSER FL City/State and Zip Code Cany III o be used for future annual report	a yahoo. (OM	
	oncerning this matter, please ca	il:			
Enclosed is a check for the \$25,00 Filing Fee	ne following amount: □ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificat Certified	ing Fee, e of Status & Copy copy is enclosed)	

TO:

Registration Section

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(ross	(Veek Liability Company as it Florida Limited Liability	Coin	laun	dry	LLC
(Name of the Limiter	I Liability Company as it A Florida Limited Liability	Company)	records.)		
The Articles of Organization for this Limited Lia Florida document number	bility Company were	filed on Mara	1h-72	_02.	ssigned
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of	the limited liability c	ompany here:			
The new name must be distinguishable and contain the wo	rds "Limited Liability Cor	npany," the designation	on "LLC" or the at	breviation "	L.L.C."
Enter new principal offices address, if applica			Ξ	202	
Principal office address MUST BE A STREET			-		77
Trincipus office dauress prost biz it offices.				20 <u>l</u>	f = + T.T.
Enter new mailing address, if applicable:				8 PH	[- 10 [- 1]
(Mailing address MAY BE A POST OFFICE E	(OX)			<u> </u>	
				.⊓ +F 	
B. If amending the registered agent and/or reagent and/or the new registered office address Name of New Registered Agent: New Registered Office Address:	gistered office address here: JUN 1210 (ap Tallahasse	Xing ital cir	Zhan cle SE	Suí	te I
	/allahasse	<u>C</u> Try	, Florida	S Z S Zip Cod	O 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.

JUN XING LNANCY
If Changing Registered Agent, Signature of New Registered Agent

•f 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			vpe of Action
AMBR	Jun X	ing Zhann	1210	(apital	circle	_□Add
			S.E.	Suite	<u>L</u>	_□Remove
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ctive date, if other than effective date is listed, the date	the date of filing:	not be prior to date (of filing or more than	(optionar) 90 days after filing.) l	Pursuant to 605.0
 If the date inserted in thi 	is block does not meet	the applicable sta	autory filing requir	ements, this date w	ill not be listed
ment's effective date on th	ie Department of State	s records.			
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ord specifies a delayed effe filed.	ective date, but not an e	meenve une, at	12.01 a.m. on the c	arner or. (6)	your day arrer .
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