

L23 000 213 991

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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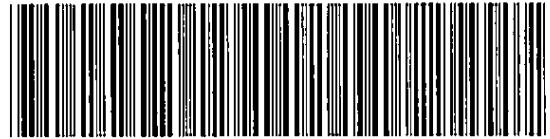
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bunnells Laundry Room
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:

Jaime Acosta
Name of Person

Bunnells Laundry Room
Firm/Company

17 Poinciana Ln
Address

Palm Coast, FL 32164
City, State and Zip Code

Bunnellslaundryroom@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jaime Acosta at 201 724-9607
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$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 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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Bunnells Laundry Room LLC

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

The Articles of Organization for this Limited Liability Company were filed on 5/1/2023 and assigned
Florida document number L23000213991

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)

602 S. State St.

Bunnell FL 32110

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6 Cypress Point Ct

Ormond Beach FL 32174

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:

Timothy M. Oudyk

New Registered Office Address:

6 Cypress Point Ct

Enter Florida street address

Ormond Beach, Florida

City

32174

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.

Timothy M. Oudyk

If attending Authorized Personnel authorized to manage, enter the ID#, name and address of each person being added (checked and signed below):

MGH = Manager
AMH = Authorized Member

ID#	Name	Address	Type of Action
AMBR	Jaimie Austa	17 Poinciana Ln	<input type="checkbox"/> Add
		Palms Coast, FL 32164	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGH	Timothy M. Ondyk	6 Cypress Point Ct.	<input checked="" type="checkbox"/> Add
		Ormond Beach FL 32174	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

13. If amending any other information, enter (highlight) here: (check additional sheets if necessary)

E. Effective date, if other than the date of filing: 7/25/2024 (optional)


(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated

7/26/24



Signature of a member or authorized representative of a member