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Division of Corporations

## Florida Department of State 3 65 Shixision of Corporations State 3 65 Shixision of Corporations Sheet 3 65 She

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Phone : (941)625-1925
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LAUNDRY LADY COMPANY, LLC

Certificate of Status	0
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LAUNDRY LADY COMPANY, I	LLC	
(Name of the Limited Liability Company as it now appears on our (A Florida Limited Liability Company)	records.)	<del></del>
	01/2023	_ and assigned
on Florida document numberL23000263995.		
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	in "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
****	<del>-</del>	******
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<del></del>
<del></del>	<del> </del>	<del></del>
B. If amending the registered agent and/or registered office address on our records,	enter the name o	f the new remistered
agent and/or the new registered office address here:	enter the name o	r the new registered
		202
Name of New Registered Agent:	<del> </del>	<u> </u>
New Registered Office Address:		
Enter Florida street	address	<u> </u>
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent;	,	Zip Code —— 
I hereby accept the appointment as registered agent and agree to act in this capacity provisions of all statutes relative to the proper and complete performance of my duti accept the obligations of my position as registered agent as provided for in Chapter being filed to merely reflect a change in the registered office address, I hereby conficompany has been notified in writing of this change.	ies, and I am fam. 605. F.S. Or. if ii	iliar with and his document is

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>	Address	Type of Action
AMBR	VIRAL NATION INC	600-317 ADELAIDE ST. W	Add
		TORONTO, ON M5V IP9	
			□Change
AMBR	DAVID MASONY	120 PALENCIA VILLAGE DR UNIT C105, STI	E 106 _ <b>⊠</b> Add
		ST. AUGUSTINE, FL 32095	□Remove
			_ Change
AMBR	MEREDITH MASONY	120 PALENCIA VILLAGE DR UNIT C105, ST	E 106 _ l⊠Add
		ST. AUGUSTINE, FL 32095	_ ⊡Remove
			_ Change
			_ 🗆 Add
			_ □Remove
			_ Change
			_ □Add
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record specifies a delayed effective of is filed.	iate, but not an effe	ective time, at 12:0	I a.m. on the earlier	of: (b) The 90th day at	Ner the
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	Doing	d. Mar	OT II IA		
Si	gnature of a member	or authorized repres	entative of a member		