L23000284395

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COVER LETTER

Registration Section

Tallahassee, FL 32314

. TO:

Division of Corp	porations		-
SUBJECT: DY	ty Britches Name of Lim	Laundry Spring Hill ited Liability Company	<u>L</u> LC
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	Robert	- Labutis Name of Person	
		Firm/Company	
		Apian way	2023 AUG SECRE
	Lu+2	2,FL 33558	TARY OF A
For further information co	E-mail address: (to be used for future annual report notification)	2023 AUG 15 AM 9: 02 SECRETARY OF STATE TALLAHASSEE. FL
Robert Name of	- La Su+iS Person	at (8/3) 928-599 Area Code Daytime Telephone Nu	niber
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cert (additional copy is enclosed) Cert	00 Filing Fee, ificate of Status & ified Copy tional copy is enclosed)
Mailing Address Registration S Division of Co	ection orporations	Street Address: Registration Section Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida document number L230002843.95 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 "LLC." 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: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

	Authorized Person(s) authorized to n from our records:	nanage, <u>enter the title, name, and ac</u>	ldress of each person being added
MGR = Ma AMBR = Au	anager athorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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Effective date, if other to an effective date is listed, the	than the date of file that the date must be specific	ling:	to date of filing o	more than 90 days	optional) (after filing.) Purst	ant to 605.0
Note: If the date inserted	in this block does no	ot meet the applica	able statutory fi	ling requirements	s, this date will n	ot be liste
document's effective date	on the Department (of State's records.				
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