L23000309/8/

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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A. PARISHANI

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COVER LETTER

O: Registration Section Division of Corporations		
UBJECT: SNAP LAUNDA UL. Name of Limited Liability Company		
he enclosed Articles of Amendment and fee(s) are submitted for filing.	2023 S	
lease return all correspondence concerning this matter to the following:		
CARTER RUCKER		u 4 F 4 -
SNAP LAUNDRY UC.	· · · · · · · · · · · · · · · · · · ·	*
1782 Alugua Lakes Bird.		
LONGWOOD FL 32779 City/State and Zip Code FUCKER. BRITTANYE GMML COM E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
CARTER RUMER at 513 2937146 Name of Person Area Code Daytime Telephone Number	r	
Name of Person		

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 Tallahassee, FL 32303

ARTICLES OF A	MENDMENT	
, . <u>TO</u>	CANIZATION	~)
ARTICLES OF OR	GANIZATION	202
OF		2023 ST
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	LC . bility Company)	
he Articles of Organization for this Limited Liability Company w lorida document number <u>L 23000309181</u> .	vere filed on $06/27/7$	<u>3</u> and assigned
his amendment is submitted to amend the following:		
. If amending name, <u>enter the new name of the limited liabili</u>		
he new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" of	r the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST_BE A STREET ADDRESS)		
Enter new mailing address, if applicable: <u>'Mailing address MAY BE A POST OFFICE BOX)</u>		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:		he name of the new registered
Name of New Registered Agent:	NA	
New Registered Office Address:	Enter Florida street address	
	, Flo:	rida 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.

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

GR =	Manager	
MBR =	Authorized	Member

itle	Name	Address	<u>Type of Action</u>
GR	CAFTER RULMER	1782 Aliqua Likes Bint.	XAdd
		1782 Aliqua Likes Bird. Longwood, FL 32779	🗆 Remove
			🗆 Change
			QAdd
		·	Add ZZ ⊆ Remove
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			⊡Change. ⊐: ⊕Add
		🗌 Remove	
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. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

• Effective date, if other than the date of filing: ______ (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.

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 cord is filed.

Val Dated Signature of a member or authorized representative of a member

arter Ru

name of signce