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ABASSEE, FI

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COVER LETTER

TO:	Registration Division of C	Section orporations					
SUBJEC	3R DRY	CLEANERS LLC					
30 102 0	· · · · · · · · · · · · · · · · · · ·	Name of Lin	nited Liability Company	 			
TT 1.							
		of Amendment and fee(s) are su					
Please ret	um all corres _i	condence concerning this matter	r to the following:				
		ROILYN QUINONES M	ENDEZ				
	Name of Person						
		3R DRY CLEANERS LL	.c	2			
			Firm/Company				
		10735 WEST FLAGLER	ST				
			Address				
		MIAMI, FL 33174		4 9: 2: STAT			
			City/State and Zip Code	26 ZIE			
		ROILYNQM@GMAIL.CO		· · · · · · · · · · · · · · · · · · ·			
For furthe	r information	concerning this matter, please c	to be used for future annual report no	incation)			
ROILYN	QUINONES		813 770-8174 at ()				
	Name	of Person	Area Code Daytin	ne Telephone Number			
Enclosed i	s a check for	the following amount:					
᠍ \$25.00	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)			
R D P	Jailing Addre Legistration Division of C .O. Box 632 allahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of T 2415 N. Monro Tallahassee, FL	rporations Fallahassee oe Street, Suite 810			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3R DRY CLEANERS LLC

(Name of the Limited Liability Company as it (A Florida Limited Liability	(now appears on our records.) (Company)		
The Articles of Organization for this Limited Liability Company were filed on 10/30/2023 Florida document number L23000494235			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability co	ompany bere:		
3R SOCIAL SERVICES LLC			
The new name must be distinguishable and contain the words "Limited Liability Com	npany," the designation "LLC" or the abbre	viation "L.L.C."	
Enter new principal offices address, if applicable:	<u>.</u>		
(Principal office address MUST BE A STREET ADDRESS)		·	
	رند منز		
	()) (C) ()) (C) ()) (C)	EP	
Enter new mailing address, if applicable:		<u> </u>	
Mailing address MAY BE A POST OFFICE BOX		27	
		-	
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 agent and/or the new registered office address here:		H 9:27	
Name of New Registered Agent:		 _	
New Registered Office Address:			
	Enter Florida street address	-	
	, Florida		
Ciņ	y	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.

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

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
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			□ Remove
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CHANGE OF COMPANY NAME							
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be te: If the date inserted in this block does not meet the	e prior to o	date of filin	ig or more tha		otional) Rer filing.)	Pursuant	to 605.0
ie: If the date inserted in this block does not meet the a ument's effective date on the Department of State's recomment.		le statutor	y filing requ	iirements, t	his date v	vill not	be listed
cord specifies a delayed effective date, but not an effect filed.	tive time,	, at 12:01	a.m. on the	carlier of:	(b) The	90th da	y after t
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