L 2300 514253

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(D.):
(Business Entity Name)
(Document Number)
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COVER LETTER

	gistration Se ision of Cor			
SUBJECT:	Dryeco Gar	ment Care, LLC		
		Name of Lim	ited Liability Company	
The enclosed	d Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Devona Howard		
			Name of Person	
		Lewis Rice LLC		
			Firm/Company	
		600 Washington Ave., Sui	te 2500	
			Address	
		St. Louis, MO 63101		
		dhoward@lewisrice.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report not	ification)
For further i	nformation co	oncerning this matter, please ca	all:	
Devona Ho	ward		314 444-7648	
	Name of	f Person	at ()	ne Telephone Number
Enclosed is	a check for th	e following amount:		·
≡ \$25.00 l	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 AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dryeco Garment Care, LLC			
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on Liability Company)	our records.) 2024 11.14 / 12 8: 29	
The Add to South the Control of the			
The Articles of Organization for this Limited Liability Company	were filed on working	and assigned	
Florida document number L23000514253			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the design	ation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	18660 Collins Avc.		
(Principal office address MUST BE A STREET ADDRESS)	Suite 100		
	Sunny Isles Beach, F	FL 33160	
Enter new mailing address, if applicable:	18660 Collins Ave.		
(Mailing address MAY BE A POST OFFICE BOX)	Suite 100		
ENAMING UNITED STATES BOX	Sunny Isles Beach, F	FL 33160	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our recor	ds, <u>enter the name of the new registere</u>	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida si	reet address	
	. Florida Florida		
	Ciţy	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	L		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete			

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Martin Lopez	18660 Collins Avc., Suite 100	□Add
		Sunny Isles Beach, FL 33160	☐Remove
			Change
			_ _ _ _ \Add
			□Remove
		·	Change
			□Change
			□Add
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			□Change
			□Add
			□Remove
	·		□Change
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			□Remove

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ective c	ate, if other than	the date of filir	ng:		((optional)	
effective	date is listed, the date date inserted in thi	must be specific ar	nd cannot be prior	to date of filing o	more than 90 days	after filing.) Purs	uant to 605.020
ument's	effective date on the	e Department of	State's records	aoie statutory ii	iing requirements	i, this date will r	tot be listed as
cord spe	cifies a delayed effe	ctive date, but no	ot an effective t	ime, at 12:01 a.i	n, on the earlier o	f: (b) The 90tl	n day after the
s filed.							
Anr	ı		2024				
ed Apr		- 	- '	·			
		17	'n _				
		Signature of a	a member or auth	orized representat	ive of a member		
		-					
	Martin Lopez						

Filing Fee: \$25.00



April 30, 2024

DEVONA HOWARD 600 WASHINGTON AVE. SUITE 2500 ST. LOUIS, MO 63101

SUBJECT: DRYECO GARMENT CARE, LLC

Ref. Number: L23000514253

We have received your document for DRYECO GARMENT CARE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

Letter Number: 724A00009307

For Blin