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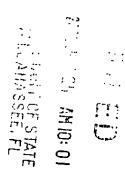
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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division of C	orporations			
SUBJECT: LI	o's Fresh Stu	A Cleaners, L	LC	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing		
	pondence concerning this matter	_		
rease return an corres	pondence concerning this matter	to the following,		
	Kosalba	Name of Person		
	Lilo's Fre	Sh Stua Cleane	rs, UC	
	904 39th	Street East		A. 3
	Palmetto, F	City/State and Zip Code		eri San San San San San San
	E-mail address:	bevs ucc. Com to be used for future annual report notif	Fication)	24 AH10: 0
For further information	concerning this matter, please c	·	FL	. O: O:
	artine2	at (\$\omega_3) 289-	9291 Telephone Number	<del></del>
Enclosed is a check for				
☑ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing I Certificate of Certified Copy (additional copy i)	Status & y
Mailing Addre Registration		Street Address: Registration Sec	otion	
	Corporations	Division of Corp		
P.O. Box 63	27	The Centre of T		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Linbility Comp. (A Florida Limited	- CLEONEYS, LL  DANY AS IT NOW ADDRAYS ON OUR reco	rds.)
The Articles of Organization for this Limited Liability Compan Florida document number 124000249 205	4	Y .
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia		
The new name must be distinguishable and contain the words "Limited Liab Enter new principal offices address, if applicable:	bility Company," the designation "LI	.C" or the abbreviation "L.L.C."
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	AMIO: 01 AMIO: 01 AMIASSEL FL
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>ente</u>	er the name of the new registered
Name of New Registered Agent:  New Registered Office Address:  NAME OF New Registered Agent:	Enter Florida street addr	ess
		Florida
	City	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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ned June 21 2024				
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Taralba tensti				
Signature of a member or authorized represen	tative of a member			

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