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	Division of Cor	rporations	-
	Fax Number	: (850)617-6383	
		• '	
From:			
,	Account Name	: C T CORPORATION SYSTEM	.?
	Account Number	: FCA000000023	
	Phone	: (614)280-3338	<i>()</i>
	Fax Number	: (614)573-3996	

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 營營ARAMARK UNIFORM & CAREER APPAREL, LLC

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Page: 3 ot 5 2023-12-14 11:18:02 PST 19548277645 From: Kaity Toon

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

## SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the	e records of the Florida Department of		
State: ARAMARK UNIFORM & CAREER APPAREI			
Enter new principal office 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)	28:3:		
2. The Florida document number of this limited liability	company is: M07000002326		
Jurisdiction of its organization: Delaware	· · · · · · · · · · · · · · · · · · ·		
4. Date authorized to do business in Florida: 04/23/2007	<u></u>		
SECTION II (5-9 complete only the applicable chang	es)		
5. New name of the limited liability company. Vestis So	ervices, LLC		
(must conta	in "Limited Liability Company," "L.L.C.," or "L.EC.")		
(If name unavailable, enter alternate name adopted for the copy of the written consent of the managers or managing must contain "Limited Liability Company," "L.L.C." or	members adopting the alternate name. The alternate name		
6. If amending the registered agent and/or registered offi- registered agent and/or the new registered office address			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida Street Address		
	Florida City Zip Code		
	City Zip Code		
the provisions of all statutes relative to the proper and co and accept the obligations of my position as registered a	agree to act in this capacity. I further agree to comply with omplete performance of my duties, and I am familiar with gent as provided for in Chapter 605, F.S. Or, if this registered office address, I hereby confirm that the limited		
li Changir	ng Registered Agent. Signature of New Registered Agent		

To

From: Kaity Toon

3. If the amendment changes person, title or capacity in accordance with 605.0902(1)(e), indicate that change:							
tle/ Capacity	<u>Name</u>	<u>Address</u>	Type of Action				
			□∧dd				
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aforementioned an	ficate, if required: no more than 90 da nendment(s), duly authenticated by th the law of which this entity is organiz	e official having custody of records in	□Remo				
		authorized representative					

Filing Fee: \$25.00

## Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT

COPY OF THE CERTIFICATE OF AMENDMENT OF 'ARAMARK UNIFORM &

CAREER APPAREL, LLC'. CHANGING ITS NAME FROM "ARAMARK UNIFORM &

CAREER APPAREL, LLC" TO "VESTIS SERVICES, LLC", FILED IN THIS

OFFICE ON THE FOURTEENTH DAY OF NOVEMBER, A.D. 2023, AT 9:41

O'CLOCK A.M.



Authentication: 204742190

Date: 12-06-23