

L3000039089

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

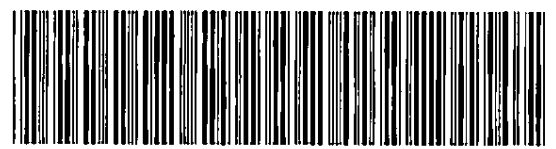
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/20/24--01014--016 **25.00

6/10/24
KAT

2024 MAY 20 PM 2:32
ST. LOUIS
MO

OATES & OATES, P.A.
LAW OFFICES
1701 EAST ATLANTIC BOULEVARD, SUITE 4
POMPANO BEACH, FL 33060
(954) 942-6500
FACSIMILE (954) 942-8730
WWW.POMPANOLAW.COM

THOMAS D. OATES
toates@pompanolaw.com

DANIEL E. OATES
of counsel

May 13, 2024

Florida Department of State
ATTN: Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314-1300

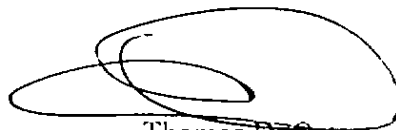
RE: Amendment of Authorized Person(s)
Laundry Owners Warehouse LLC
Document No. L13000039089

To whom it may concern;

Enclosed herewith please find the form for amendment of authorized persons to add to your records along with check number 18169 in the amount of \$25.00 to reflect the filing fees due.

Should you have any questions or concerns, please do not hesitate to contact me.

Very truly yours,

A handwritten signature in black ink, appearing to read 'Thomas D. Oates', enclosed within a large, loopy oval shape.

Thomas D. Oates
Oates & Oates, P.A.

encl.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LAUNDRY OWNERS WAREHOUSE LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Thomas D. Oates

Name of Person

Law Offices of Oates & Oates, P.A.

Firm/Company

1701 E. Atlantic Boulevard, Suite 4

Address

Pompano Beach, FL 33060

City/State and Zip Code

toates@pompanolaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas D. Oates

954

942-6500

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

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

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>	<u>Address</u>	<u>Type of Action</u>
MGRM	Todd Fever	5600 NW 12 Avenue, Suite 301	☐ Add
		Fort Lauderdale, FL 33309	☒ Remove
		5600 NW 12 Avenue, Suite 301	☐ Change
MGRM	TODD FENER	Fort Lauderdale, FL 33309	☒ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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(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 35.0207 (3)(b)

will not be listed as the
the 90th day after the

Dated March 13 2024

Signature of a member or authorized representative of a member

Typed or printed name of signee