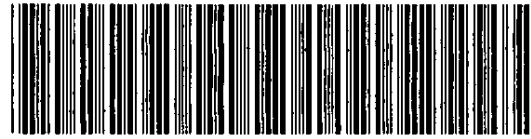


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08/25/08--01021--003 **60.00

(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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TALLAHASSEE FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HOUSEHOLD LIQUIDATORS, 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:

DOMINICK AND/OR SUSAN GERARD
(Name of Person)

HOUSEHOLD LIQUIDATORS, LLC
(Firm/Company)

2210 Leryl ave.
(Address)

NORTH PORT, FLORIDA 34286
(City/State and Zip Code)

For further information concerning this matter, please call:

DOMINICK GERARD at (941) 780-1711
(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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

HOUSEHOLD LIQUIDATORS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 7/11/2006 and assigned Florida document number L05000103514.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

HOUSEHOLD LIQUIDATORS, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

2210 Leryl ave.

(Principal office address MUST BE A STREET ADDRESS)

NORTH PORT, FLORIDA 34286

Enter new mailing address, if applicable:

2210 Leryl ave.

(Mailing address MAY BE A POST OFFICE BOX)

North Port, FL. 34286

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

DOMINICK GERARD

New Registered Office Address:

2210 Leryl ave.

(Enter Florida street address)

NORTH PORT, FLORIDA 34286

(City)

, Florida 34286

(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 608, 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.

Dominick Gerard *Susan Gerard*
(If Changing Registered Agent, Signature of New Registered Agent)

8/20/08

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STATE OF FLORIDA
TALLAHASSEE

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	MELISSA A. HENRY	10232 DOUGLAS OARKS CIR APT # 104 TAMPA, FLORIDA 33610	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Dominick Gerard	2210 Leryl ave. North Port, FL 34286	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	SUSAN GERARD	2210 Leryl ave. North Port, FL 34286	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated AUG 20, 2008.

Dominick Gerard Susan Gerard
Signature of a member or authorized representative of a member

Dominick Gerard or Susan Gerard
Typed or printed name of signee

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 SECRETARY OF STATE
 TALLAHASSEE FLORIDA