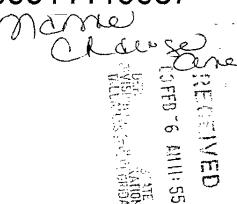
H16668

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(,				
PICK-UP WAIT MAIL				
(Business Entity Name)				
,				
(Document Number)				
(Dobalitoria National)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
·				
-				

Office Use Only



700011119087



O3 FEB -6 PM 12: 49
NALLAHASSEE, I LONDA

102



ACCOUNT	NO.	= 072100000032	? -	
REFER	RENCE	<i>≅</i> 921773	80381A	
AUTHORIZA	ATION	= Patie	D.A	
COST I	TIMIL	\$ 43.75	ec secur	
		<u></u>		
ORDER DATE : February 6,	2003			
ORDER TIME : 10:39 AM				
ORDER NO. : 921773-005		= -		
CUSTOMER NO: 80381A		<i>=</i> `	• 	
CUSTOMER: Richard W. Wine Avery Whigham & 2248 First Stre	Wines	ett, P.a.		
Fort Myers, FL	33901	_		
DOMESTIC AMENDMENT FILING =				
NAME: ALL APPLI SPRINGS,		PARTS OF BONITA	<u></u>	
EFFECTIVE DATE:				
XX ARTICLES OF AMENDMEN	ľΤ	중 :		
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
XX CERTIFIED COPY				
CONTACT PERSON: Ginger Si	.mmons E	ĒXT# 1139 XAMĪNER'S INITI	ALS:	

FILED 03 FEB -6 PM 12: 49

OF

ARTICLES OF AMENDMENT
TO
TALLAHASSEE, FLORIDA A CORP.

1. Article I of the Articles of Incorporation of A CORP. is amended to read as follows:

ARTICLE I (Name)

The name of this corporation ("Corporation") is ALL APPLIANCE PARTS OF BONITA SPRINGS, INC...

- 2. The amendment was recommended by the Board of Directors and unanimously approved by the shareholders. The number of votes cast for the amendment was sufficient for approval.
- 3. The date of adoption of this amendment is December 31, 2002.

IN WITNESS WHEREOF, the undersigned President and Secretary of the corporation have executed this Articles of Amendment on December 31, 2002.

A CORP.

William J. Hucke,

William J. Huc

STATE OF FLORIDA COUNTY OF LEE

The foregoing instrument was acknowledged before me this day of December, 2002, by WILLIAM J. HUCKE, President and Secretary of A CORP., a Florida corporation, on behalf of the corporation, [] who is personally known to me or [] who has produced ______ as identification.

(Signature of Notary Public)

S. POCCI

(Printed Name of Notary Public)

My commission expires:

Karen S. Pocci MY COMMISSION # CC824677 EXPIRES June 21, 2003 BONDED THRU TROY FAIN INSURANCE, INC.

(SEAL)