

L08000055508

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

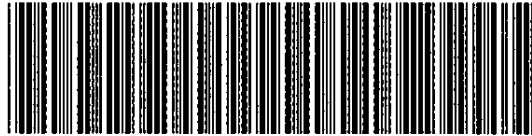
(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 OCT -3 P 2:35

FILED

T. HAMPTON

OCT - 6 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A & M Appliances
(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:

M. Michael Prisciandaro
(Name of Person)

(Firm/Company)
14120 E Colonial Dr
~~8000 E Colonial Dr~~
(Address)
Orlando FL 32826
~~Orlando FL 32826~~
(City/State and Zip Code)

For further information concerning this matter, please call:

M. Michael Prisciandaro at (407) 242-2755
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

08 OCT -3 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

September 18, 2008

M MICHAEL PROSCANDRO
14120 E COLONIAL DR
ORLANDO, FL 32826

SUBJECT: A & M APPLIANCES, LLC
Ref. Number: L08000055508

We have received your document for A & M APPLIANCES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The document must be signed by a member or manager of the limited liability company.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 508A00050614



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
08 SEP 17 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

June 27, 2008

M MICHAEL PROSCOANDRO
14120 E COLONIAL DR
ORLANDO, FL 32826

SUBJECT: A & M APPLIANCES, LLC
Ref. Number: L08000055508

We have received your document for A & M APPLIANCES, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

The document must be signed by a member or manager of the limited liability company.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 808A00038746

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

A 3 M APPLIANCES 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 6/4/2008 and assigned
Florida document number L08000055508.

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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2008 OCT -3 P 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: _____

New Registered Office Address: _____

14120 E. COLONIAL DR

(Enter Florida street address)

ORLANDO

(City)

Florida

32826

(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.

(If Changing Registered Agent, Signature of New Registered Agent)

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated

09/24

2008

Signature of a member or authorized representative of a member

M. Michael Prisciliano

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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2008 OCT -3 P 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA