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(Ad	dress)			
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(Cit	y/State/Zip/Phone	e #)		
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FILLD SECRETARY OF STATE DIVISION OF CORPORATION

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COVER LETTER

	Registration Sec Division of Corp					
end inc		s Depot LLC				
SUBJEC	1:		ited Liability Company			
The encle	osed Articles of a	Amendment and fee(s) are sub-	mitted for filing.			
Please ret	urn all correspor	ndence concerning this matter t	to the following:			
		Gregory Faris				
			Name of Person			
		Cheaptronics Depot LLC				
			Firm/Company			
	15236 E Colonial Dr					
	Address					
	Orlando FL 32826					
			City/State and Zip Code			
	greg@gizmotrader.com E-mail address: (to be used for future annual report notification)					
For furth	er information co	n-mail address: (i oncerning this matter, please ca	·	псаноп		
Gregory	Faris		321 960-5226 at ()			
	Name of	Person	at () Area Code Daytime	e Telephone Number		
Enclosed	is a check for th	e following amount:				
■ \$25.0	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, F1, 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

Cheaptronies Depot LLC		
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability		and assigned
Florida document number 1.08000058306	·	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lir</u>	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited 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 ADL	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
muning undress MAT DE ATTOM OF THE DON	·	
B. If amending the registered agent and/or reg		er the name of the
registered agent and/or the new registered office ad	Idress here:	. 9
Many of Nam Davigtand Amount		28 Yis
Name of New Registered Agent:		7 80 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
New Registered Office Address:	Enter Florida street address	
	. Florida	PA PA
	City . Proritia	Zip Code : 2108
New Registered Agent's Signature, if changing Register	red 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 605, 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

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>	Address	Type of Action
MGR David Abreu	David Abreu	509 S. Chickasaw Tr	Add
		#346	■ Remove
		ORLANDO, FL 32825	Change
	<u>.</u>		
			Remove
			□ Change
			☐ Remove
			Change
		- 1~	□ Remove
			Change
			□ Add
			TARY OF S
			Change OR POR STATE
			☐ Remove
			Change

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Filing Fee: \$25.00