

LO8000073319

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

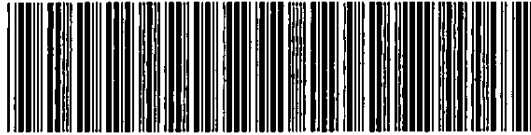
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000174783480

04/08/10--01018--021 **30.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 APR 20 AM 8:47

T. HAMPTON

APR 21 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Appliance fixsciens 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:

Geraldine Vinas
Name of Person

Firm/Company

103 Green Cove Ct
Address

Kissimmee FL 34743
City/State and Zip Code

Gvinas07@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Geraldine Vinas at (407) 791-8129
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

10 APR 20 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

April 9, 2010

GERALFINE VINAS
103 GREEN COVE CT
KISSIMMEE, FL 34743

SUBJECT: APPLIANCE FIXSCIANS LLC
Ref. Number: L08000073319

We have received your document for APPLIANCE FIXSCIANS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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: 010A00008807

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

Appliance fixscians 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 7/30/08 and assigned
Florida document number LO8000073319.

This amendment is submitted to amend the following:

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

Appliance "fixscians" 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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

Enter Florida street address

Florida

City

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

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>
			<input 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated _____

FILED
10 APR 20 AM 8:14
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Geraldine Vinas
Signature of a member or authorized representative of a member

Geraldine Vinas
Typed or printed name of signee