109000013336

| (Re | questor's Name) | |
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| | | |
| (Cit | y/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| | | |
| (Do | cument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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T. CLINE

OCT 2 7 2009

EXAMINER

COVER LETTER

| SUBJECT: | Appliance Outle | t of SW FL, L | LC | . | |
|---|--------------------------------|---------------------------------------|--------------------------------|-----------------|------|
| | Name of Limited | Liability Compan | ' y | | |
| DOCUMENT NUMBER:_ | L | <u>09000013336</u> | <u> </u> | <u> </u> | |
| The enclosed Resignation of for filing. | Registered Agent for | a Limited Liabili | ty Company and fee | e are submitted | |
| Please return all corresponde | nce concerning this m | atter to the follow | ving: | | |
| Maria Ele Name o | na Valentin of Person | | | | |
| | et of SW FL, LLC rm/Company | | | | |
| | eveland Ave dress | | | | |
| Fort Myers City/State a | , FL 33907 nd Zip Code | | | F C 0 | |
| | | · · · · · · · · · · · · · · · · · · · | | 289 OCT | y/15 |
| E-mail address: (to be used for further information conce | • | | | 26 AM | |
| Maria Elena Vale Name of Perso | entin at (at (| 239 Area Code & Dayti | 851-8390 me Telephone Numbe | | - |

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

TO:

Amendment Section Division of Corporations

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Applia | nce Outlet of SW FL, | LLC | | | |
|---|--|---------------------------|-------------------|-------------|--|
| (<u>Name of the Limited L</u> (A F | iability Company as it now app Torida Limited Liability Company | ears on our records.) | | | |
| The Articles of Organization for this Limited Lial Florida document number | - | February 6, 2009 | and assigne | :d | |
| This amendment is submitted to amend the follow | ving: | | | | |
| A. If amending name, enter the new name of t | he limited liability company l | <u>iere</u> : | | | |
| The new name must be distinguishable and end with "L.L.C." Enter new principal offices address, if applications are supplied to the supplied | · | npany," the designation " | LLC" or the abbre | viation | |
| | | | | | |
| (Principal office address MUST BE A STREET | <u>ADDRESS)</u> | | <u> </u> | | |
| | | | - E | | |
| | | | 17.2 | *** | |
| Enter new mailing address, if applicable: | | | | ii Tiri | |
| (Mailing address MAY BE A POST OFFICE B | <u> </u> | | | | |
| | - ,, , , , , , , , , , , , , , , , , , | | | `` | |
| | | | - 경화 | | |
| B. If amending the registered agent and/or registered agent and/or the new registered officers. | | our records, enter | the name of th | e new | |
| Name of New Registered Agent: | Maria Elen | a Valentin | | | |
| | 11106 6 0 | loveland Ava | | | |
| New Registered Office Address: | 11196 S. Cleveland Ave Enter Florida street address | | | | |
| • | Fort Myers | , Florida | 33907 | | |
| | 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

Title <u>Name</u> **Type of Action Address** MGR Jeremiah J. Martinez 11196 S. Cleveland Ave ☐ Add Fort Myers, FL 33907 Remove Maria Elena Valentin MGR 11196 S. Cleveland Ave. **✓** Add ☐ Remove Fort Myers, FL 33907_ ☐ Add Remove Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) October 21 2009 Dated ___ Signature of a member or authorized representative of a member leno Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00