

#L12000027884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

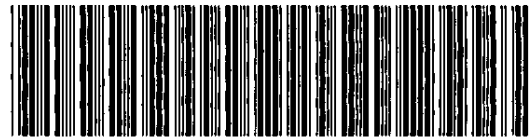
(Business Entity Name)

(Document Number)

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FILED
12 AUG 30 PM 1:47
SCHOOL OF STATE
IN ALABAMA, ALABAMA, FLORIDA

K. SALLY
EXAMINER
AUG 31 2012



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 6, 2012

THE APPLIANCES WHOLESALERS LLC
DAVID NUNEZ
6819 NW 84TH AVE, STE. C
MIAMI, FL 33166

SUBJECT: THE APPLIANCES WHOLESALERS LLC
Ref. Number: L12000027884

We have received your document for THE APPLIANCES WHOLESALERS LLC and your check(s) totaling \$55.00. 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.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 012A00020352

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: THE APPLIANCES WHOLESALERS 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:

DAVID NUNEZ

Name of Person

THE APPLIANCES WHOLESALERS LLC

Firm/Company

6819 NW 84TH AVENUE SUITE C

Address

MIAMI FL 33166

City/State and Zip Code

INFO@APPLIANCESWHOLESALERSLLC.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID NUNEZ

Name of Person

at (**786**)

393-1454

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

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

THE APPLIANCES WHOLESALERS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
12 AUG 30 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 02/27/2012 and assigned
Florida document number L12000027884.

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:

6819 NW 84TH AVENUE SUITE C

(Principal office address MUST BE A STREET ADDRESS)

MIAMI FL 33166

Enter new mailing address, if applicable:

6819 NW 84TH AVENUE SUITE C

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI FL 33166

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:

6819 NW 84TH AVENUE SUITE C

Enter Florida street address

MIAMI

, Florida

33166

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>
MGR	JESUS PRIETO	4616 114TH AVE APT 1004 DORAL FL 33178	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	ELIESIB LOPEZ	11302 NW 50TH TERRACE DORAL FL 33178	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	JONATHAN CARDOZO	8290 LAKE DR APT 408 DORAL FL 33178	<input checked="" 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 AUGUST 18, 2012


Signature of a member or authorized representative of a member

JONATHAN CARDOZO
Typed or printed name of signee