Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.

Account Number : I20050000099 Phone : (813) 932-5244

Fax Number

: (813)932-3782

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GROOMS RECONDITIONED APPLIANCES LLC

Certificate of Status	0
Certified Copy	0
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G. MCLEOD

JUN 25 2012

EXAMINER

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	GROOMS RECONDIT	IONED APPLIANCES LLC	
	Name of Limite	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	
	J	ason D. Morales	
		Name of Person	
	CONTRACTORS	S REPORTING SERVICE,	INC
		Firm/Company	
	_ 137	95 N NEBRASKA AVE	
		Address	
	Т	'AMPA, FL 33624	
		City/State and Zip Code	
1	F-mul address: (to	be used for future annual report notificat	ion)
For further information of	concerning this matter, please ca		,
	vollocitating state in the state of	 -	
	D. Morales	at(813) 932	
Name o	of Person	Area Code & Daytime To	elephone Number
Enclosed is a check for t	he 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

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Page 1 of 2

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change,

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 Type of Action <u>Title</u> <u>Name</u> <u>Address</u> 6801 W PARIS ST MGR GREG H DUGGAN TAMPA FL 33634 US Remove 10261 HEATHCLIFF ST MGR PETER COLE SPRINGHILL FL 34608 US ☐ Remove ─ □ Remove □ Add ☐ Remove ☐ Add □ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2012 20 JUNE Dated ____ Signature of a member or authorized representative of a member

Typed or printed name of signee

GREG H DUGGAN