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COVER LETTER

TO:	Registration Sec Division of Corp		general de la companya de la compan	
SUBJE	CT:	Bargan A	ppliance LLC ed Liability Company	
The end	closed Articles of A	mendment and fec(s) are sub-	mitted for filing.	
Please	return all correspon	dence concerning this matter	to the following:	
		Gus	Name of Person	
			Firm/Company	
		9092	NW South RI Address	ver Drive Ste 63
		Medley	FL 33166 City/State and Zip Code	
		E-mail ddress: (to	Acused for future annual report notification	Com-
For fur	ther information co	ncerning this matter, please ca	ıll:	
	SUS U	Person	at (<u>786) 366-69</u> Area Code & Daytime Te	lephone Number
Enclose	ed is a check for the	e 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**

FILED

		12 UCT 22 PM 1: 45
(Name of the Limited L	iability Company as it now appears on lorida Limited Liability Company)	our recorde HASSEE, FLORIDA
The Articles of Organization for this Limited Lia	^	/10/12 and assigned
Florida document number <u>L1200011</u>		and annighed
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	the limited liability company here:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:	And the second second	
(Mailing address MAY BE A POST OFFICE B	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered offi		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter F	lorida street address
	City	, Florida
	Cny	Zip Coae

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 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>	Address	Type of Action
<u>mgem</u>	GUS DIAZ JR	9092 NW Sath River Drive Ste 63 Medley FL 33166	Add Remove
<u>nzam</u>	Gustavo Diaz Ja	Drive Ste. 63 melley FL 33166	Add Remove
	Ignacio DIAZ	modley Fl. 33166	
<u>mylm</u>	IgNACIO DIAZ-GUE	Dave ste 63 modley FL 33166	Add Remove
			□ Add □ Remove
D. If amon	ding any other information, enter chan	anate) horo- (Attach additional charte if nagrecure	Add Remove
D. II amen	ding any other information, enter chan	nge(s) here: (Attach additional sheets, if necessary.)	
		A TO	FILED POCT 22 PM I
Dated	October 10. Ze	012	1: 45 SJATE SJORIDA
	Gustavo	er or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00