L12000/50894

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(1	Requestor's Name)		
(/	Address)		
(Address)			
((City/State/Zip/Phone #)		
PICK-UP	WAIT MAIL		
()	Business Entity Name)		
(1	Document Number)		
Certified Copies	Certificates of Status		
Special Instructions to Filing Officer:			
A. LUNT			
	DEC 19 2012		

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EXAMINER



100242542931

12/17/12--01038--021 **25.00



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: John + Kims Appliance Repair 1/C 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:
John F. Morton / Kimberly Morton
John + Kins Appliance Repair
3200 19th Ace S
St Peters burg 1 33 211 City/State and Zip Code
Kc Morton 1028 @ mail. Com E-mail address: (to be used for future amount peport notification)
For further information concerning this matter, please call:
Kinberly John at (22) 502-2320 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)} \text{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

John & Kims Appl	liance Renzu	- L/C
	mpany as it now appears on o ted Liability Company)	<u>ur řecórds.</u>)
The Articles of Organization for this Limited Liability Comp	pany were filed on <u>De C</u>	$\frac{2}{3}$ $\frac{20}{2}$ and assigned
Florida document number <u>L12/00150894</u> .		
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 "I "L.L.C."	Limited Liability Company," tl	ne designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		(7) -C
(Mailing address MAY BE A POST OFFICE BOX)		
		JAT W
		3
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		ecords, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flo	orida 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 **Title Address Type of Action** Danielle Sullivan ☐ Add ☐ Remove ☐ Add ☐ Remove Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated December 10 Signature of a member or authorized representative of a member Typed or printed name of signee

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Filing Fee: \$25.00