# L13000087144

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#### COVER LETTER

TO: Registration Section **Division of Corporations** 

ONE STOP APPLIANCE PARTS, 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:

## CONSTANZA L. PROFETA

Name of Person

## ONE STOP APPLIANCE PARTS, LLC

Firm/Company

175 SW 7TH ST. #1523

Address

MIAMI, FL 33130

City/State and Zip Code

ASSISTANT@477REALTY.COM

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

For further information concerning this matter, please call:

CONSTANZA L. PROFETA at (305) 629-8191

Name of Person

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

ONE STOP APPLIANCE PA		
( <u>Name of the Limited L</u> (A F	iability Company as it now appears ол our reco lorida Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liab	bility Company were filed on 6/17/2013	and assigned
Florida document number L13000087144		O
This amendment is submitted to amend the follow	_	SECRETARY SECRETARY INVISION OF CC 13 AUG 12
A. If amending name, enter the new name of t	he limited liability company here:	PH 2
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," the design	nation "LLC" or the abbreviation
Enter new principal offices address, if applicat	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE Be	<u>OX)</u>	
B. If amending the registered agent and/or registered agent and/or the new registered offi	•	, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida s	two of address
	Enier Fioriaa s	ireei aaaress
		orida
	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 Manage or Managing Member being added or removed from our records:			of each Manager	
MGR = Manager MGRM = Managing Member				
<u>Title</u>	Name	Address ]	Type of Action	
MGRM	DANIEL ALVAREZ	175 SW 7TH ST. #1523	Add	
		MIAMI, FL 33130	Remove	
			_ Add _ Remove	
			Add Remove	
			Add SECHMOVE FILE	
			FILED SEATENS  OF CORPORATEMS  Remove	
			Add Remove	

If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
• `	
	IOLIOT ET L. OOAO
ted AU	GUST 5TH 2013
	Muld
	Signature of a member or authorized representative of a member
	CONSTANZA L. PRÓFETA
	Typed or printed name of signee

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Filing Fee: \$25.00

DIVISION OF CONTEST. 47