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#### **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT

H & I APPLIANCES 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:

# **ALVARO PATINO**

Name of Person

#### HISPANIC FINANCIAL TAX SERVICES INC

Firm/Company

## 7401 WILES RD SUITE 126

Address

# CORAL SPRINGS, FL 33067

City/State and Zip Code

## apatino@hispanictaxinc.com

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

For further information concerning this matter, please call:

IVAN D. RENDON

Name of Person

<u>..</u>754 **.245089**6

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

### H & I APPLIANCES LLC

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

· · · · · · · · · · · · · · · · · · ·	,			
The Articles of Organization for this Limited Liability Florida document number L13000093870	Company were filed on 07/01/2	013 and assigned		
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:				
Enter new principal offices address, if applicable:		20 E		
(Principal office address MUST BE A STREET ADD	PRESS)			
		95 N		
Enter new mailing address, if applicable:		Se P M		
(Mailing address MAY BE A POST OFFICE BOX)		6: 32 SIAIR ORIDA		
B. If amending the registered agent and/or registered agent and/or the new registered office ad  Name of New Registered Agent:  New Registered Office Address:	dress here:			
	Enter Flo	rida street address		
	City	, Florida Zip Code		
	Cuy	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 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 Name **5312 N. STATE ROAD 7** MGRM **HECTOR F. CAVIEDES** NORTH LAUDERDALE, FL 33319 **5312 N. STATE ROAD 7 IVAN RENDON MGRM** NORTH LAUDERDALE, FL 33319 5312 N. STATE ROAD 7 Add **MGRM HECTOR F. CAVIEDES ORTIZ** NORTH LAUDERDALE, FL 33319 Remove 5312 N. STATE ROAD **MGRM** IVAN D. RENDON RAMIREZ NORTH LAUDERDALE, FL 33319 Remove Remove

D. If amending any other information,	enter change(s) here: (Attach additional sheets, if necessary.)
· · · · · · · · · · · · · · · · · · ·	
October 18	2013
Jacob	_,
Signature	e of a member or authorized representative of a member
HECTOR F. CAVIE	DES ORTIZ
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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