

L14 000017991

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2014 MAR 17 PM 12:29
CLERK OF SUPERIOR COURT
JANUARY 15, 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SAINT PETE Appliance Pros 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:

DAVID VEST
Name of Person

SAINT PETE Appliance Pros LLC.
Firm/Company

9197 PARK BLVD
Address

SEMINOLE, FLA 33777
City/State and Zip Code

SAINTPETEAPPLIANCEPROS@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID VEST at (727) 768-4048
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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**

SAINT PETE Appliance Pros. L.L.C.
(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 Company were filed on 2/3/14 and assigned Florida document number L14000017991

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 "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

9195 PARK BLVD
SEMINOLE, FLA
33777

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9195 PARK BLVD
SEMINOLE, FLA
33777

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

CHARLENE VEST 2014 MAR 17 2:29 PM
9195 PARK BLVD
Enter Florida street address
SEMINOLE, Florida 33777
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 605, 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.

Charlene Vest
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------|----------------|-----------------------|
|--------------|-------------|----------------|-----------------------|

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| AMBR | CHARLEN VEST | 9195 PARK BLVD SEMINOLE FLA 33277 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
|------|--------------|--------------------------------------|--|

| | | | |
|---|-------------------------------|------------------|---------------------------------|
| " | DAVID VEST | 9830 56th ST N | <input type="checkbox"/> Add |
| | Remove AS REGISTERED AGENT | St Pete FL 33708 | <input type="checkbox"/> Remove |

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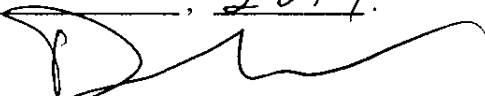
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 3/08, 2014.



Signature of a member or authorized representative of a member

DAVID VEST

Typed or printed name of signee

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Filing Fee: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA