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D. SCOTT SEP 3 0 2016

COVER LETTER

Division of Corpor	ations		•			
SUBJECT:	USA K	appliance	Parts			
· · · · · · · · · · · · · · · · · · ·	Name of Lim	ited Liability Company				
The enclosed Articles of Ame	endment and fee(s) are sub	mitted for filing.				
Please return all corresponde	nce concerning this matter	to the following:		ÄLL	36.8	٠,
		,				
	Ţ	rene Picca			2016 SEP 26 PH 4: 51	• •
•	,	Name of Person			T P	
	Ire	ene Picca	CPA		F. 5	
-		Firm/Company			<u> </u>	
	14444	Beach Blv	.d. Sui	te#19		
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	Jackson	NILE, FL 3 City/State and Zip Code	32250			
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For further information conce	erning this matter, please ca	all:		:	空色 写	
Frene p	icca	at (<u>404</u>)	223-	3700	SEP 26 PH 2	E
Name of Per	rson	Area Code	Daytime Tele	phone Number	THE STATE OF	حسب ا
Enclosed is a check for the fo	ollowing amount:				F 0	
□ \$25.00 Filing Fee □	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enc		Certified C	of Status &	

MAILING ADDRESS:

TO:

Registration Section

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

USA	Appliance Parts	
(Name of the Limited L (A F	lability Company as it now appears on our records.) lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabil Florida document number LIV 0000860	ity Company were filed on 05/02/16 29	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>	
B. If amending the registered agent and/or negistered agent and/or the new registered office		ter the name of the new
		SEOT S
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		第三の 四
	Enter Florida street address , Florida	PR 2
_	City , Florida	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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

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