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COVER LETTER

	Registration Se Division of Cor			
SUBJEC		ANCES LLC		
SODJEC	· . · · · · · · · · · · · · · · · · · ·	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	turn all correspo	ondence concerning this matter	to the following:	
		JENNIFER YON		
			Name of Person	
		IBA INNOVATIVE BUSI	NESS ASSOCIATES LLC	
			Firm/Company	
		3239 OLD WINTER RD.	SUITE 13	
			Address	
		ORLANDO, FLORIDA 32	2805	
			City/State and Zip Code	
		MSJYON@IBASUCCESS.		
		E-mail address: (to be used for future annual report notifica	ition)
For furthe	er information c	oncerning this matter, please ca	all:	
JENNIFF	ER YON		407 253-7041 at ()	
	Name o	f Person	Area Code Daytime T	elephone Number
Enclosed	is a check for th	ne following amount:		
□ \$25.0	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

MD APPLIANCES LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) appeary)
The Articles of Organization for this Limited Liability Company were filed Florida document number L17000074056	on APRIL 3, 2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	any here:
The new name must be distinguishable and contain the words "Limited Liability Company	y," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office addr registered agent and/or the new registered office address here:	ess on our records, <u>enter the name of the new</u>
Name of New Registered Agent:	
New Registered Office Address:	
	nter Florida street address
	. Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
MGR	LAMANTHIUS J DAVIS	7432 WINDSOME CT.	
		ORLANDO, FL 32810	■ Remove
			Change
MGR	MD TRANSPORATION INC	3021 HERBERT LANE	■ Add
		ORLANDO, FL 32805	□ Remove
		☐ Change	
	· · · · · · · · · · · · · · · · · · ·	□ Remove	
		□ Change	
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