**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000334133 3)))



H190003341333ABC.

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:				
	Division of Corporations			
	Fax Number : (850)617-6	283		
From:				
	Account Name : REGISTERED Account Number : I200900000	D AGENTS INC.		
	Phone : (307)200-2	2803		
	Fax Number : (855)330-1	1010		
				. +
**Enter the	email address for this busine report mailings. Enter only o	ess entity to be one email addres	useu for it s please.**	a cur
			· 2	
Email	Address:			-
			٦.	
			٦.	
	C AMAID (DESTATE /CODDE	CT OD M/MC		,
LL	C AMND/RESTATE/CORRE			,
LL	C AMND/RESTATE/CORRE APPLIANCE OUT			
LL			RÉSIGN	
LL	APPLIANCE OUT	TLET LLC	RESIGN.	
LL	APPLIANCE OUT  Certificate of Status	TLET LLC 0	RESIGN	
LL	APPLIANCE OUT Certificate of Status Certified Copy	TLET LLC  0  0	RESIGN.	1 :: 1
LL	APPLIANCE OUT  Certificate of Status  Certified Copy  Page Count	0 0 0 04	RESIGN.	1 : E
LL	APPLIANCE OUT  Certificate of Status  Certified Copy  Page Count	0 0 0 04	RESIGN.	T. C.

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

· · · · · · · · · · · · · · · · · · ·	T in the second
*	
Appliance Outlet LLC	3 5 6 7
(Name of the Limited Liability Compa (A Florida Limited	ins as it now appears on our records.) If AC:
	5840 VOA 13 15 3: 3P., 50%
The Articles of Organization for this Limited Liability Company	were filed on 04/20/2017 and assigned and assigned
Florida document number L17000088671	IALE ANAGIAE : Feelings
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	dlity company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L L.C."
Enter new principal offices address, if applicable:	7901 4th St N
(Principal office address MUST BE A STREET ADDRESS)	STE 300
Trincipal office agaress with 1712 A 37 West 1 Williams	St. Petersburg FL 33702
Enter new mailing address, if applicable:	7901 4th St N
(Mailing address MAY BE A POST OFFICE BOX)	STE 300
(Mailing address MAT DE A FOST OF FICE DOX)	St. Petersburg FL 33702
B. If amending the registered agent and/or registered of	office address on our records, enter the name of the
registered agent and/or the new registered office address her	<u>·e</u> :
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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.

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>	Name	Address	Type of Action
AMBR	Eddy Quiroz	3030 N. ROCKY POINT DR. STE 150	
		Tampa FL 33607	☑ Remove
			D Change
AMBR	Steven Sullivan	7901 4th St N STE 300	
		St Petersburg FL 33702	□ Remove
			🗹 Change
			🗖 Add
			Remove
			Change
			Add
			□ Remove
			Change
			Remove
			☐ Change
			D Add
			D Remove
			Change

_	****
=	
-	
_	
-	
•	
-	
•	
-	
-	
	·
•	
Note:	ive date, if other than the date of filing:  [cetive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 505.0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
ne re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	November 13 2019
	Signature of a member or authorized representative of a member
	Riley Park

Page 3 of 3

Filing Fee: \$25.00