L17000117684

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COVER LETTER

TO: Registration So Division of Cor			
SUBJECT: _Smoo	HON Appliance S	ervices	
	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Luis Poince	Name of Person	
		Name of Person	
	Snartek A	PPliare Services LL	<u> </u>
	1293 V value	CSity Drive Cox +015pg	2005 F133067
	· · · · · · · · · · · · · · · · · · ·	Cock Springs F1 33 City/State and Zip Code	2062
	Ochce Lt	ech avahoo.com to be used for future annual report notif	ication)
For further information e	oncerning this matter, please ca		
Lyui P Name o	C New Person	at (<u>454</u>) <u>248-5</u> Area Code Daytime	767 Telephone Number
Enclosed is a check for the	ne 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**

2017 OCT 27 PM 2:51

(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 wo	ere filed on Nay 30	2014 and assigned
Florida document number L17000117684	•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	y company here:	
The new name must be distinguishable and contain 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)		
-	, , , , , , , , , , , , , , , , , , ,	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
-		
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	e address on our reco	ords, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	ldress
	City	, Florida
New Registered Agent's Signature, if changing Registered Agent:	v.ay	хір Сож

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
Ownec	LUS Prince	9872 NU 35th St. Coralispans	13. DAdd
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			🗆 Change
Owner	Chayanny Prince	9872 Nui 35th St Cora ispanist	<u>i)</u> ■ Add
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f an eff Note:	ive date, if other than the date of filing:
ne red 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	16/24/2017
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00