

L17000 118884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

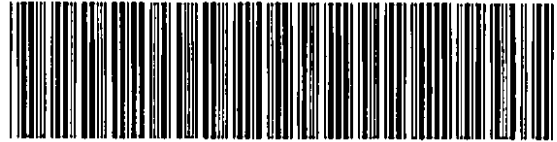
(Business Entity Name)

(Document Number)

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O S T A T I O N S

OCT 06 2020

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** M.D.S APPLIANCES 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:

MANUEL CORTES TORO  
Name of Person

M.D.S APPLIANCES LLC  
Firm/Company

13801 HOLY STONE LANE WEST  
Address

JACKSONVILLE, FL 32250  
City/State and Zip Code

111tax333@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MANUEL CORTES TORO at ( 904 ) 480-4754  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

M.D.S APPLIANCES LLC

2017 01 04 4:25

(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 05/31/2017 and assigned Florida document number L17000118884.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

HECTOR L ORTIZ ENTERPRICES LLC

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:**

13801 HOLY STONE LANE WEST

**(Principal office address MUST BE A STREET ADDRESS)**

JACKSONVILLE, FL 32250

**Enter new mailing address, if applicable:**

1118 COLDFIELD DR

**(Mailing address MAY BE A POST OFFICE BOX)**

JACKSONVILLE, FL 32246

**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:

HECTOR L ORTIZ

New Registered Office Address:

1118 COLDFIELD DR

*Enter Florida street address*

JACKSONVILLE

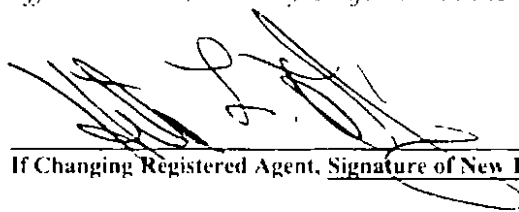
*City*

Florida 32246

*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**



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

THIS COMPANY WAS SOLD.PLEASE TRANSFER THE COMPANY NAME FROM

M.D.S. APPLIANCES LLC TO HECTOR ORTIZ ENTERPRISES LLC

AND CHANGE THE MGR NAME FROM MANUEL CORTES TORO TO HECTOR L ORTIZ

PLEASE CHANGE THE ADDRESS FROM 13801 HOLY STONE LANE WEST JACKSONVILLE, FL 32250

TO 11118 COLDFIELD DR JACKSONVILLE FL 32246

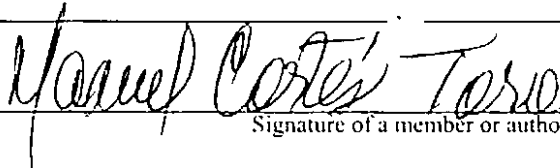
**E. Effective date, if other than the date of filing:** 08-13-2020 **(optional)**

(If an effective 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 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated AUGUST 08, 2020



Signature of a member or authorized representative of a member

MANUEL CORTES TORO

Typed or printed name of signee