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COVER LETTER

TO: Registrat Division					
PLA SUBJECT:	TT'S APE	PLIANCE, LLC			
SUBJECT:		Name of Limi	ited Liability Company		
The enclosed Artic	eles of An	nendment and fee(s) are sub-	mitted for filing.		
		ence concerning this matter			
		RONALD R PLATT			
			Name of Person		
		PLATT'S APPLIANCE, L	LC		
			Firm/Company		
		400 PLATT RD			
			Address		
		DEFUNIAK SPRINGS, FI	L 32435		MULTAHASPE
		PLATTSAPPLIANCE@EN			S-9 P
	•	E-mail address: (1	to be used for future annual i	report notification)	2: 1
For further informa	ation cond	erning this matter, please ca	all:		42 NDA
RONALD R PLA	1 ~[850 419 at ()	9-6144	
ì	Name of Po	erson	Area Code	Daytime Telephone Nur	mber
Enclosed is a chec	k for the t	ollowing amount:			
\$25.00 Filing I	Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy tadditional copy is enc	Certi losed) Certi	0 Filing Fee, ificate of Status & ified Copy ional copy is enclosed)
; ; ; ;	Registration of P.O. Box	G ADDRESS: on Section of Corporations 6327 se, FL 32314	Registrati Division Clifton B	COURIER ADDRESS on Section of Corporations uilding cutive Center Circle	S:

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PLATTS APPLIANCE, LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lii	Company as it now appears on our records.) inted Liability Company)	
The Articles of Organization for this Limited Liability Com	pany were filed on JUNE 23, 2017	and assigned
Florida document number L17000136612		_
his amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited</u>	l liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u></u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		- 9 - SSE
		C02 2:
B. If amending the registered agent and/or register	ed office address on our records, <u>er</u>	the some of the
registered agent and/or the new registered office address	s here:	₹ 70
Name of New Registered Agent:		
New Registered Office Address:		
- Section Series (Series / Marie 25)	Enter Florida street address	
	Florid	a
	Cuv	Zin 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
MGR	RONALD R PLATT	400 PLATT RD	
		DEFUNIAK SPRINGS, FL 32435	☐ Remove
			Change
MGR	ROBERT R PLATT	400 PLATT DR	
		DEFUNIAK SPRINGS, FL 32435	■ Remove
			Change
			□ Remove
			Change Change Change Change Change Change Change Change Change
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