

(Re	equestor's Name)	
(Ad	idress)	
(Ad	idress)	<u> </u>
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	
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## **COVER LETTER**

	istration Sec ision of Corp			
SUBJECT:	MAXJR AP	PLIANCES LLC		
NODJEC I.	•	Name of Limi	ited Liability Company	
The enclosed	Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		Joshua Ungar		
			Name of Person	Telephone Number  S60.00 Filing Fee, Certificate of Status &
			Firm/Company	
		4229 Hallandale Beach Bly	vd	
			Address	
		West Park, FL 33023		
			City/State and Zip Code	<del></del>
		joshre23@gmail.com		
		E-mail address: (	to be used for future annual report noti-	fication)
For further in	iformation co	oncerning this matter, please co	all:	
Joshua Unga	ır		954 278-0901 at ()	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a	check for th	e following amount:		
<b>■</b> \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & 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

(Name of the Limited I	Liability Compa Florida Limited I	iny as it now appears on Liability Company)	our records.)
The Articles of Organization for this Limited Liabi	lity Company	were filed on <u>09/06/</u>	2017 and assigned
Porida document number L17000189141	·		
his amendment is submitted to amend the following	ng:		بار.
a. If amending name, enter the new name of th	<u>e limited liab</u>	ility company here:	
Iome Cheapo LLC			
he new name must be distinguishable and contain the word	s "Limited Liabi	lity Company," the design	nation "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable	e:	4229 Hallandale Be	ach Blvd
Principal office address MUST BE A STREET A		West Park, FL 3302	3
		· · · · · · · · · · · · · · · · · · ·	
nter new mailing address, if applicable:		4229 Hallandale Be	ach Blvd
(Mailing address MAY BE A POST OFFICE BOX)		West Park, FL 3302	3
8. If amending the registered agent and/or egistered agent and/or the new registered office Name of New Registered Agent:	• '		ir records, <u>enter the name of the</u>
	1.1 Dlava Deal C	C. Am. 1100	
New Registered Office Address:	H Plaza Real S	5. Apt 1109 Enter Florida .	street address
	Boca Raton		Florida <sup>33432</sup>
· · · · · · · · · · · · · · · · · · ·			

## 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>	<u>Address</u>	Type of Action
MGR	MERA, MAX, SR	5933 SW 21 ST	
		WEST PARK FL, FL 33023	■ Remove
			Change
MGR	Joshua Ungar	11 Plaza Real S. Apt 1109	<b>_</b> ■ Add
		Boca Raton, FL 33432	Remove
			Change
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E. Effective	date, if other than the	e date of filing:	annot by prior to d	ute of filing or mo		tional)	u 10 605 03
Note: If t	the date inserted in this bl	lock does not me	et the applicable				
	rd specifies a delayed Oth day after the rec		te, but not a	n effective tir	ne, at 12:01	a.m. on the	earlier
Dated	11/23/2017 A. U						

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Filing Fee: \$25.00