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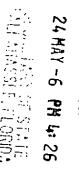
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

Division of Cor		•	· , .
	Appliance Guy, L.L.C.		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Kevin Mauger or Brigette	Mauger	
		Name of Person	
	Kevin the Appliance Guy		
		Firm/Company	
	4353 Tall Oak Lane		
		Address	
	New Port Richey, Fl 3465.	3	
	simple.mauger@yahoo.com	City/State and Zip Code	
		to be used for future annual report notif	fication)
For further information c	oncerning this matter, please ca	all:	
Kevin Mauger		727 667-2830	
Name o	f Person	at () Area Code Daytim	e 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		Street Address:	ari am
Registration : Division of C		Registration Se Division of Cor	
P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kevin the Appliance Guy, L.L.C.			
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on a imited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Con	mpany were filed on 3/13/20	18	and assigned
lorida document number L18000065421			
his amendment is submitted to amend the following:			
a. If amending name, <u>enter the new name of the limite</u>	ed liability company here:		
he new name must be distinguishable and contain the words "Limite	d Liability Company," the designa	ation "LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>	
Principal office address MUST BE A STREET ADDRE	<u> </u>		24
	<u> </u>	运 员	K A Y
		ig i	-6
Enter new mailing address, if applicable:		::::::::::::::::::::::::::::::::::::::	70 m
Mailing address MAY BE A POST OFFICE BOX)		7. Z.	- 22 - · · - · - · - · · - · · · · · · ·
The second secon			2
3. If amending the registered agent and/or registered of gent and/or the new registered office address here:	office address on our record	ds, <u>enter the name of</u>	the new regist
Name of New Registered Agent:			
New Registered Office Address:			
	Emer Florida sn	reet address	
		, Florida	
	City	Zi	p 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 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

Title	Name	<u>Address</u>	Type of Action
Co-MGR	Brigette Mauger	4353 Tall Oak Lane	bbA⊟
		New Port Richey , FL 34653	□Remove
		727-484-8312	□ Change
		 	□Remove
			□Change
			□Add
			Remove
		 	□Change
			□Add
			□Remove
			□Change
		<u> </u>	🗆 Add
3.20 M 3. 			□Remove
			□Change
			□Add
$\frac{n_{T,j}}{2} = \sum_{i=1}^{N} \frac{n_{T,i}}{2}$	· <i>*</i>		□Remove
			□Change

Brigette Mauger OR Kee	- In Madger 13 now six	——————————————————————————————————————		
				
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			-	
		/1/2024		
ective date, if other than effective date is listed, the date	the date of filing:		ne or more than 90 days after ti	ial) iling A Pursuant to 605 0207 (23)
te: If the date inserted in thi ument's effective date on the	s block does not meet	the applicable statutor	y filing requirements, this c	date will not be listed as the
difference date of the	e Department of State	s records.		
cord specifies a delayed effo	ctive date, but not an a	Manting times at 12.0		77 001 1 0
cord specifies a delayed effe s filed.	ctive date, but not an e	nective time, at 12.01	a.m. on the eartier of: (b)	The 90th day after the
				EAN M. W.
ed May 1	20	024		NOTARY PUB
10				I INO
		Ein lyt	mainen Kit	MY COMMISSION EXPIRES 5-22-202
$u \overline{}$	Signature of a memb	er or authorized represe	ntative of a member O	2 02
V and a Mar	ind Prigett	e Muicyer		OF FLORIOR
Kevin Mauger 🧗 👝				

Filing Fee: \$25.00