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COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT:	Jort Port Name of Lim	Appliances ited Liability Company	uc.	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
	Edua	Velley Name of Person		<u> </u>
	North 7	Firm/Company	s UC.	8- AOM - 9
		TAMiAMi Trail Address		Eb Carsial Carsal
	North	Port Fl. 34 City/State and Zip Code Applance 6 6 m to be used for future annual report notifi	(28)	2 50.45
	North Po E-mail address: (t Applance 6 6 N	np. 1. Com	
For further information co	ncerning this matter, please ca			
Edward Name of	1/Ellay Person	at (<u>941</u>) <u>929</u> Area Code Daytime	3569 OR 6	341-426-422)
Enclosed is a check for the	e following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Star Certified Copy (additional copy is en	tus &

MAILING ADDRESS:

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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

Nort Port	Applace	UC	3	ښ. ب <u>ر</u> د.
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears (Liability Company)	on our records.)	ب _ر — بر	
The Articles of Organization for this Limited Liability Company Florida document number <u>LIFOCO 126769</u> .	y were filed on	14y 21, 2018 a	nd assigned	3
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lial	bility company here	:		
World Port Applemces The new name must be distinguishable and contain the words "Limited Liab	s UC.			_
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the desi	gnation "LLC" or the abbrevia	tion "L.L.C."	
Enter new principal offices address, if applicable:	13011	TAMIAM: Tr.	a. 1	_
(Principal office address MUST BE A STREET ADDRESS)	North	Port F1, 3	3428)	_
				~
Enter new mailing address, if applicable:				_
(Mailing address MAY BE A POST OFFICE BOX)		·		_
				_
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.		our records, <u>enter the r</u>	name of the	new
Name of New Registered Agent:				_
New Registered Office Address:		· · · · · · · · · · · · · · · · · · ·		_
	Enter Florida	i street address		
		Florida	Code	_
	City	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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			Change
			Add
			□ Remove
			☐ Remove
			Change
		 	
		· · · · · · · · · · · · · · · · · · ·	Remove
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	AND THE STATE OF T
(If an e <u>Note</u>	tive date, if other than the date of filing:
o) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	Nov 5, 0 2018
	2018 2018 Edward Italian Signature of a member or authorized representative of a member
	Edward Kelley Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00