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| (Requestor's Name)                      |
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| PICK-UP WAIT MAIL                       |
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|   |
| (Business Entity Name)                  |
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| Special Instructions to Filing Officer: |
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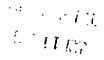


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### **COVER LETTER**

| FO: Registration Section Division of Corporations   |  |
|---|--|
| SUBJECT: SUBJECT: 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:   |  |
| Name of Person  |  |
| RC Appliances LLC   |  |
| 2009 Grande Ct Att 810 Ki   |  |
| L'ES, MMER F1 34743 City/State and Zip Code   |  |
| E-mail address: (to be used for future annual report notification)  |  |
| For further information concerning this matter, please call;  |  |
| Roberto Rodriguez at (561) 215-3875  Name of Person Area Code Daytime Telephone Number  |  |
| inclosed is a check for the following amount:   |  |
| \$25.00 Filing Fee \$\Bigcup \text{\$\$\$\$\$\$\$\$\$S30.00 Filing Fee & Certificate of Status \$\Bigcup \text{\$\$\$\$ Certificate of Status \$\Bigcup \text{\$\$\$}\$\$ (additional copy is enclosed) \$\Bigcup \text{\$\$\$\$\$\$\$\$Certified Copy (additional copy is enclosed)}\$ |  |

MAILING ADDRESS:

· r

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, F1, 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

|  | 10   | 1 he .                       |
|--|--|------------------------------|
| ARTICLES   | S OF ORGANIZATION                                  | F11 35                       |
|  | OF   | And the second               |
|  |  | ZUIG JAN - 3                 |
| (Name of the Limited Dabili  | ity Company as it now appears on our records.)     | FILES JAN -2 PAZ             |
|  | a Limited Liability Company)                       | The Lina Such Francis        |
| The Articles of Organization for this Limited Liability C  | Company were filed on 9/14/18                      | and assigned                 |
| Florida document number 4 1800 2 1865  | 23   |                              |
| This amendment is submitted to amend the following:  |  |                              |
| A. If amending name, enter the new name of the lim   | nited liability company here:                      |                              |
| Alc Coufe  | 11.C   |                              |
| The new name must be distinguishable and contain the words "Lin  | nited Liability Company," the designation "LLC" of | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:  |  |                              |
| (Principal office address MUST BE A STREET ADD)  | RESS)  |                              |
| The state of the s |  |                              |
|  |  |                              |
| Enter new mailing address, if applicable:  |  |                              |
| ••   |  |                              |
| (Mailing address MAY BE A POST OFFICE BOX)   |  |                              |
|  | <u></u>  | <del></del>                  |
| D. If amonding the registered agent and/or regis   | stand offer address on our records                 | and any the many of the man  |
| B. If amending the registered agent and/or registered agent and/or the new registered office add   |  | enter the name of the nev    |
|  | <del></del>  |                              |
| Name of New Registered Agent:  |  |                              |
| Name of New Registered Agent.  | <del></del>  | <del></del>                  |
| New Registered Office Address:   |  |                              |
|  | Enter Florida street address                       |                              |
|  | Flori  |                              |
|  | Ciņ  | 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, enter the title, name, and address of each person being added or removed from our records:

| MGR =  | Manager                  |  |
|--------|--------------------------|--|
| AMBR = | <b>Authorized Member</b> |  |

| <u>Title</u> | <u>Name</u> | Address  | Type of Action |
|--------------|-------------|--|----------------|
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| D. If a | mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)  |
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| No      | ective date, if other than the date of filing:  |
|         | record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: he 90th day after the record is filed. |
| Dat     | ed December 7 2018.   |
|         | Signature of a member or authorized regresentative of a member  |
|         | Roberto Rodrique?  Typed or printed name of signee  |

Page 3 of 3

Filing Fee: \$25.00