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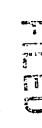
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## COVER LETTER

ration Section

SUBJECT:	3 Appliance	Parts, LLC	
<del></del>	Name of Lim	ited Liability Company	
The enclosed Articles of Art	nendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
			1
	San	tiago Fabara Name of Person	
		Name of Person	
			1
		Firm/Company	
	491 Race	quet Club Rd. #	206
		Address	
	Mector	1, FL 33326	
	710101	City/State and Zip Code	<del></del>
		ntif @ mac.com	
		to be used for future annual report no	otification)
For further information con-	cerning this matter, please ca	all:	
Santiag	o Fabara	at (954) 826	2-5761
Name of P	erson	Area Code Dayti	me Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	S30.00 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)
Registrati Division o P.O. Box	G ADDRESS: on Section of Corporations 6327 ee, FL 32314	STREET/COUI Registration Sect Division of Corp Clifton Building 2661 Executive C	orations

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO

## ARTICLES OF ORGANIZATION

OF

2019 JAN 25 AM 11: 19

(Name of the Limited Liability Company is it now appears on our records.)  (A Florida Limited Liability Company)  orticles of Organization for this Limited Liability Company were filed on	JB Appliance Pa			
amendment is submitted to amend the following:    Tamending name, enter the new name of the limited liability company here:   Appliance Parts 2 Go, LLC	(A Florida Limited L	iability Company)		
Famending name, enter the new name of the limited liability company here:  Appliance Parts 250, LLC  1 tew name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  er new principal offices address, if applicable:  1		were filed on $09/26/2018$ and assigno	ed	
Appliance Parts 2 Go, LLC  new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.C." or the abbreviation "L.C."  er new principal offices address, if applicable:  incipal office address MUST BE A STREET ADDRESS)  ter new mailing address, if applicable:  ailing address MAY BE A POST OFFICE BOX)  Weston, FL 33326  If amending the registered agent and/or registered office address on our records, enter the name of the gistered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Enter Florida  City Zip Code	amendment is submitted to amend the following:			
er new principal offices address, if applicable:  incipal office address MUST BE A STREET ADDRESS)  We ston, FL 33326  ter new mailing address, if applicable:  ailing address MAY BE A POST OFFICE BOX)  We ston, FL 33326  We ston, FL 33326  If amending the registered agent and/or registered office address on our records, enter the name of the gistered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida  Zip Code	f amending name, enter the new name of the limited liabi	lity company here:		
er new principal offices address, if applicable:  incipal office address MUST BE A STREET ADDRESS)  We ston, FL 33326  ter new mailing address, if applicable:  ailing address MAY BE A POST OFFICE BOX)  We ston, FL 33326  We ston, FL 33326  If amending the registered agent and/or registered office address on our records, enter the name of the gistered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida  Zip Code	Appliance Parts 2	GO, LLC		
ter new mailing address, if applicable:  ailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address on our records, enter the name of the gistered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Enter Florida street address  Lip Code	new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "L.L.C.	·"	
ter new mailing address, if applicable:  ailing address MAY BE A POST OFFICE BOX)  Weston (FL 33326)  If amending the registered agent and/or registered office address on our records, enter the name of the gistered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Enter Florida - Tip Code	er new principal offices address, if applicable:	491 Racquet Club Rd. #2	206	
If amending the registered agent and/or registered office address on our records, enter the name of the gistered agent and/or the new registered office address here:    Name of New Registered Agent:	incipal office address MUST BE A STREET ADDRESS)	Weston, FL 33326		
If amending the registered agent and/or registered office address on our records, enter the name of the gistered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Enter Florida  City  Zip Code				
If amending the registered agent and/or registered office address on our records, enter the name of the gistered agent and/or the new registered office address here:    Name of New Registered Agent:			$\overline{I}$	
If amending the registered agent and/or registered office address on our records, enter the name of the gistered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida  City  Zip Code	ter new mailing address, if applicable:	304 Indian Trace #249		
Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida  City  Zip Code	ailing address MAY BE A POST OFFICE BOX)	Weston, FL 33326	1	
Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida  City  Zip Code			$\perp$	
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New Registered Office Address:  Enter Florida street address  Florida  City  Zip Code	istered agent and/or the new registered office address here	;		
New Registered Office Address:  Enter Florida street address  Florida  City  Zip Code			1	
Enter Florida street address , Florida  City  Zip Code	Name of New Registered Agent:		<del>-</del>	
Enter Florida street address , Florida  City  Zip Code	New Registered Office Address			
City Zip Code	New Registered Office Address.	Enter Florida street address	†	
City Zip Code				
·			<del>!</del> —	
w Registered Agent's Signature, if changing Registered Agent:		City Zip Code	1	
I I	w Registered Agent's Signature, if changing Registered Agent:			

If Changing Registered Agent, Signature of New Registered Agent

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.

	Authorized Person(s) authorized to m from our records:	anage, enter the title, name, and address of each	person being added
MGR = M AMBR = A	lanager .uthorized Member		
<u>Title</u>	Name	Address	Type of Action
AMBR	John Barrios	18533 NW 18th Street Pembroke Pines, FL 3302	•
			Change
<u>AMBR</u>	Maria V. Araujo de Fabara	491 Racquet Club Rd#2 Weston, FL 33326	Remove
<u>AMBR</u>	Veronica Fabara Araujo	491 Racquet Club Rd# Weston , FL 33326	□ Change  200 ☑ Add  □ Remove
			□ Change□ Add
			Change
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If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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(If an effec Note: If	e date, if other than the date of filing: 01/15/2019 (optional) ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list's effective date on the Department of State's records.	
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earl 0th day after the record is filed.	ier of
Dated _	01/17/2019	
	Signature of a member or authorized representative of a member	
	SANTIAGO FABARA Typed or printed name of signee	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00