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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	PLIANCES LLC Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	WILLIAM, HERNANDE	Z ·	
		Name of Person	.
	WILLY APPLIANCES LI	LC	
		Firn/Company	
	3616 Century Blvd Unit 3		7) 7)
		Address	. :
	LAKELAND, FL 33811		
	whemandez1975@yahoo.co	City/State and Zip Code	
	- ·	to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	·
WILLIAM, HERNANDEZ		786 241-1927 at ()	
Name o	f Person		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)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Second Division of Core The Centre of T	porations

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WILLY APPLIANCES LLC

		our records.)
The Articles of Organization for this Limited Liabilities Florida document number L19000002925	ty Company were filed on 12/31/	2018 and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here	
The new name must be distinguishable and contain the words	"Limited Liability Company," the design	nation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL		1
		1',
Enter new mailing address, if applicable:		·
(Mailing address MAY BE A POST OFFICE BOX		
B. If amending the registered agent and/or regist agent and/or the new registered office address he Name of New Registered Agent:		rds, enter the name of the new registered
rame of New Registered Agent.		
New Registered Office Address:	Enter Florida	street address
New Registered Office Address:		
New Registered Office Address:		street address, Florida Zip Code
New Registered Office Address: New Registered Agent's Signature, if changing Registered	City	, Florida

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>	Address	Type of Action
MGR	WILLIAM, HERNANDEZ	3616 Century Blvd Unit 3	
		LAKELAND, FL 33811	□Remove
			■Change
MGR	YANEXIS ESPINOSA	3616 Century Blvd Unit 3	= Add
		LAKELAND, FL 33811	□Remove
			□ Change
			□Add
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effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or m e: If the date inserted in this block does not meet the applicable statutory filin ment's effective date on the Department of State's records.	(optional) ore than 90 days after filing.) Pursuant to 605.020 g requirements, this date will not be listed a
ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. of filed.	on the earlier of: (b) The 90th day after the
JULY 31 2023	
William	
, , , , , , , , , , , , , , , , , , ,	of a member