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(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	<del>,</del>
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

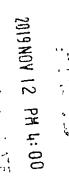
Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Always there Applore Repair UC 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:
Michael Duckett Name of Person
Atways There Appliance Bepair Lie
950 n Cocca BIU
Cocca Fl 32922 City/State and Zip Code
Olugys there 137 @ amoul Com  Jimail address: (to be used for future angual report notification)
For further information concerning this matter, please call:
Michael Ducicth at (816) 935-10406  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Scrifficate of Status Certificate of Status Scrifficate of Status Scri

MAILING ADDRESS:

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 ORGANIZATION OF

Always there Appl Name of the Limited Liability Comp (A Florida Limited	land Repair LLC lany as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited Liability Compander L19000223576.	y were filed on $9 \cdot 3 + 9$	ind as then
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited lial	bility company here:	
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applicable:	950 n Colog B	stud Scute 101
Principal office address MUST BE A STREET ADDRESS)	<u>Cutoa</u> F1 3292	<del>}-</del>
		<del></del>
nter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)	950 n Codra B	strt Sucte 101
If amending the registered agent and/or registered of egistered agent and/or the new registered office address her Name of New Registered Agent:		the name of the new
		; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
New Registered Office Address:	Enter Florida street address	00
<del></del>	Florida	Zip Code
ew Registered Agent's Signature, if changing Registered Agent:	E	
hereby accept the appointment as registered agent and agreovisions of all statutes relative to the proper and complete except the obligations of my position as registered agent as pring filed to merely reflect a change in the registered office ompany has been notified in writing of this change.	e performance of my duties, and I am provided for in Chapter 605, F.S. Or	familiar with and if this document is
If Cha	nging Registered Agent. <u>Signature of New R</u>	egistered Agent

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

or remo	red from our records.		
MGR =	Manager		
	Authorized Member		

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			☐ Change
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rective in effective	date, if other than the date of filing:
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cument	's effective date on the Department of State's records.
record	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: the day after the record is filed.
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	mee)
	Signature of a member or authorized representative of a member
	M. Chael Tuckett Typed or printed name of signee
	Typed or minted name of summer
	Company to the second s
	P 4 44

Page 3 of 3

Filing Fee: \$25.00