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COVER LETTER

Tallahassee, FL 32314

TO: Registration So Division of Cor		,
SUBJECT: PIC	Fram Appl Name of Lim	ited Liability Company
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.
Please return all correspo	ondence concerning this matter	to the following:
	Jak	Bruni Name of Person
	Platinum	Applance Services CCC
	2011 NE	16th terrac #100 Address
	_Cupe Co	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further information c	oncerning this matter, please ca	all:
Tala Name o	Brun,	at (239) 3/3-3/06 Area Code Daytime Telephone Number
Enclosed is a check for the	he following amount:	
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration	Section	Street Address: Registration Section
Division of C P.O. Box 632	•	Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

,,,,		
The Articles of Organization for this Limited Liab Florida document number <u>L</u> Doc 014	oility Company were filed on $\frac{5-26-7}{3/34}$	and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicab	de:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B)	<u> </u>	
B. If amending the registered agent and/or reg agent and/or the new registered office address	gistered office address on our records, <u>enter the nan</u> <u>here</u> :	ne of the new regis
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		(.)
	Enter Florida street address	1 75
	, Florida	Zip Code - C -
	Cuy	Zip Code 🥏 😽

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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 i 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.

New Registered Agent's Signature, if changing Registered Agent:

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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		11419 Habersham Ct- North Pt. Myer P339,	17 Decemove
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Effective date, if other than the If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the E	st be specific and lock does not n	cannot be prior	able statutory f	r more than 90 days	optional) after filing.) l s, this date w	oursuant to 605.020 rill not be listed a
e record specifies a delayed effecti- rd is filed.	re date, but not	an effective t	îme, at 12:01 a.	m, on the earlier o	of: (b) The	90th day after th
Dated	<u> </u>	2020	<u>)</u> .			
/						
	Signature of a r	nember or auth	orized representa	tive of a member		

Filing Fee: \$25.00