## L20000207453

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	#)
☐ PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only

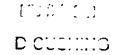


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Name Change



## COVER LETTER

Registration Section

TO:

Division of Cor	•	•		
_	OWING AND TRUCKING L			
	Name of Lin	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	DAYRON RODRIGUEZ	NADAL		
	ann ag	Name of Person		
	M & D APPLIANCE SER	VICES LLC		
		Firm/Company		
	2025 NW 133 ST			
		Address		
	MIAMI, FL 33167			
	<del></del>	City/State and Zip Code		-
	YUDIKDOCSERVICES@			20
	E-mail address: (	to be used for future annual report no	tification)	
For further information c	oncerning this matter, please c	all:		
DAYRON RODRIGUEZ	<u>,</u>	786 786-3974 at ( )		
Name o	f Person		me Telephone Number	- 0; O:C
Enclosed is a check for th	ne following amount:			
☐ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing F Certificate of \$ Certified Copy (additional copy is	Status &
Mailing Addres Registration S		Street Address: Registration S	ection	
Division of C	orporations	Division of Co		
P.O. Box 632		The Centre of		
Tallahassee, I	1L 3Z314	2415 N. Monre	oe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limite	d Liability Company as it now appears on our records A Florida Limited Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Lia		and assigned
Florida document number L20000207453	·	
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
M & D APPLIANCE SERVICES LLC		
The new name must be distinguishable and contain the we	ords "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	<u>:</u>
(Principal office address MUST BE A STREET	T ADDRESS)	20 150
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u></u>	
B. If amending the registered agent and/or reagent and/or the new registered office address		the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	·
	Flo	orida
	City	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 t 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 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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			□Remove
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ffactive data if other than the de	specific and cannot be pri	ior to date of filing or mor	(optional) (optional) (optional) (optional)	.) Pursuant to 605,020
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