## L20000264231

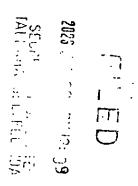
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(Document Number)						
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## **COVER LETTER**

**Registration Section** 

**Division of Corporations** 

TO:

	Charm Appliance Repair, LLC				
SUBJECT:	Name of Limited Liability Company				
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Taylor Vradenburgh				
		Name of Person			
		Firm/Company	- <del></del>	_	
	11212 NW 32nd Avenue				
		Address		_	
	Gainesville, FL 32606			2023 . SE::	
		City/State and Zip Code	<del></del>		. 1
	scarllc2020@gmail.com			<u>.</u> ,	· ·
	E-mail address:	to be used for future annual report noti	fication)		TI)
For further information	concerning this matter, please c	eall:		J.:	
Taylor Vradenburgh		352 275-4982 at ()		401 731 100	
Name	of Person	Area Code Daytim	e Telephone Numbe	er	
Enclosed is a check for	the following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	Filing Fee, cate of Status & ed Copy nal copy is enclosed)	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327		Street Address: Registration Se Division of Cor The Centre of T	porations		
Tallahassee,	FL 32314	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Southern Charm Appliance Repair, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 08/25/2020 and assigned Florida document number L20000264231 This amendment is submitted to amend the following: 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 designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Taylor Vradenburgh Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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 the 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.

City

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
AMBR	Taylor Vradenburgh	11212 NW 32nd Avenue		□Add
		Gainesville, FL 32606		□Remove
				Change
AMBR	Richard A Vradenburgh 3rd	11212 NW 32nd Avenue		<b>=</b> Add
		Gainesville, FL 32606		□Remove
				□Change
			<u></u>	DAdd
				□Remove
			TL SE	j D
				Remove
				Change
				□Add
				□Remove
				□Change
				□Add
				□Remove
				□Change

Typed or printed name of signee