L20000324199

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2020 DEC -4 PM 3: 25
SECRETARY OF STATE
TALLAHASSIE, FL

COVER LETTER

TO: Registration Se Division of Cor		₩ -	•
APPLIANC SUBJECT:	E MAX PROPERTIES, LLC	*	
30 10 01.	Name of Li	mited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are su	bmitted for filing.	
	ndence concerning this matte	-	
	OSWALDO MACHADO		
		Name of Person	
	APPLIANCE MAX, INC		
		Firm/Company	
	1255 US 41 BYP S		
		Address	
	VENICE, FL 34285		
		City/State and Zip Code	
	WECARE@APPLIANCE		
	E-mail address:	to be used for future annual report not	ification)
For further information co	ncerning this matter, please o	all:	
NICOLE WALGUARNE	RY	727 488-8097	
Name of	Per son		ne Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fec	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT FILED TO ARTICLES OF ORGANIZATION DEC -4 PH 3: 25

APPLIANCE MAX PROPERTIES, LLC

SECRETARY OF STATE TALLAHASSEE, FL

(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 L Florida document number <u>L20000324199</u>		led on 10/13/2020	and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	f the limited liability co	mpany here:	
The new name must be distinguishable and contain the	words "Limited Liability Comp	pany," the designation "!	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
			
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office address ss here:	on our records, <u>en</u>	ter the name of the new registered
Name of New Registered Agent:	APPLIANCE MAX, IN	VC	
New Registered Office Address:	1255 US 41 BYP S		
	Enter Florida street address		
	VENICE	,	Florida 34285 Zip Code
	City	,	Zip Code
New Registered Agent's Signature, if changing l	Registered Agent:		
I hereby accept the appointment as registere	ed agent and agree to ac	et in this capacity. I	further agree to comply with the

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.

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

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Title	Name	Address	Type of Action
	APPLIANCE MAX, INC	1255 US 41 BYP S	□Add
			□Remove
		VENICE, FL 34285	■Change
			□Add
		·	□Remove
			□Add
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	FAT	26
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	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	r the
the reco		
the reco cord is fi Dated	DECEMBER 12	
ord is fi	DECEMBER 12	

Filing Fee: \$25.00