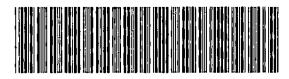
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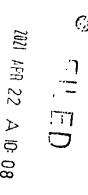
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Hernander 11.	te! Liability Congres
The enclosed Articles of Amendment and fee(s) are sub- Please return all correspondence concerning this matter	
	Name of Person
	ander Used Appliances Firm/Company
	5 <u>C Dundee Kd</u> Address
	City/State and Zip Code
E-mail address. (i	6 be used for future annual report notification)
Sam Malave Name of Person	at (407 535-066) Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee ↑. Certificate of Stans	Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hernandez Used Appliances LLC

(<u>Name of the Limited Liability Company</u> (A Florida Limited Liab	(s if now appears on our records.) Ility Company)
The Articles of Organization for this Limited Liability Company we Florida document number <u>L21000 0 940 27</u>	re filed on $02/25/202/$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	y 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 add agent and/or the new registered office address here:	ress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address Florida City Zig Code
	City Zig Code 11
New Registered Agent's Signature, if changing Registered Agent:	22

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 will and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if his document is being filed to merely reflect a change in the registered office address, I hereby confirm that the linited liability company has been notified in writing of this change.

. 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
MGR	Aldo Hernandez	1605 SW 5th Street Homestead, FL33	03 0 Z Add
			□Remove
			□Change
MGR	Evelyn Magadan	2025 C Dandee Rd 33884 2025 C Dundee Rd Winter Haven,	□Add
		2025C Dundee Rd Winter Haven,	FL Remove
			Change
AMBR	Evelyn Magadan	2025 C Dundee Rd Winter Haven, FL 3385	34 [/Add
			□Remove
			□Change
			□Add
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			APR 72
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		α	Change
			□Add
			□Remove
			[](Change

		
		
		
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Effective date, if other than the date	of filing:	ore than 90 days after filing.) Pursuant to 605.020
Note: If the date inserted in this block do	es not meet the applicable statutory filin	g requirements, this date will not be listed a
document's effective date on the Departn	dent of State's records.	APR .
rogard specifies a delayed affection date	but not an affinitive time at 12:01 a.m.	on the earlier of: (b) The 90% day after the
d is filed.	but not an effective time, at 12.01 a.m.	on the earner of. (ii) The solution day after the
1 1	J	
Dated April 16	2021 N	80
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aldo Ilverandez	ure of a member or authorized representative	of a member
11 1 1 /	are or a memory or majority or representative	Magadan
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