

h21000122546

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

09/17/21--01018--003 **25.00

(Business Entity Name)

(Document Number)

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SEP 28 2021

2021 SEP 17 PM 5:11

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Dutch's Appliance Installations LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Reginald Robinson 5R

Name of Person

Dutch's Appliance Installations LLC

Firm/Company

5630 Spring Run Ave

Address

Orlando, FL 32819

City/State and Zip Code

Dutchinstall@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Reginald Robinson 5R

Name of Person

at (407) 591-0496

Area Code

Daytime Telephone Number

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)

\$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

4215E-17 PH 5:11
Dutch's Appliance Installations 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 3/15/2021 and assigned Florida document number L21000122546

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)

*5630 Spring Run Ave
Orlando, FL 32819*

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

*5630 Spring Run Ave
Orlando, FL 32819*

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:

Name of New Registered Agent: _____

New Registered Office Address: _____

5630 Spring Run Ave

Enter Florida street address

Orlando _____, Florida _____ 32819
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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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<u>MGR</u>	<u>Reginald Robinson SR</u>	<u>411 SE 17 Rd 5:11</u>	<input type="checkbox"/> Add
	<u>5630 Spring Run Ave</u>	<u>Orlando, FL 32819</u>	<input type="checkbox"/> Remove
	<u>change Title + ADDRESS</u>		<input checked="" type="checkbox"/> Change

<u> </u>	<u> </u>	<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
<u> </u>	<u> </u>	<input type="checkbox"/> Add
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		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

please change Title to MGR
to ADDRESS change.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated September 14, 2021

 Signature of a member or au

Signature of a member or authorized representative of a member

Reginald Robinson sr.
Typed or printed name of signee

Typed or printed name of signee