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COVER LETTER

TO:

Registration Section

Division of Cor	porations		
Mr. Applia	nce of Coral Springs LLC	j	
SUBJECT:	nce of Coral Springs LLC Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
	ondence concerning this matter		
riease return an correspo	ondence concerning this matter	to the following.	
	Timothy Denker		
		Name of Person	
	Denker Law Firm LLC		
		Firm/Company	
	229 SE Douglas Street, Su	iite 210	
	· · · · · · · · · · · · · · · · · · ·	Address	
	Lee's Summit, MO 64063		
		City/State and Zip Code	
	tdenker@denkerlawfirm.co		3/4
		to be used for future annual report not	inication)
For further information c	oncerning this matter, please c	all:	
Timothy Denker		816 434-6610	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	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 Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	action
Registration S Division of C		Registration So Division of Co	
P.O. Box 632	.7 ·	The Centre of	Tallahassee
Tallahassee, l	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MR. APPLIANCE OF CORAL SPRINGS 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 April 13, 2021 and assigned Florida document number L21000171966 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 3C Appliance Repair LLC 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: 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.

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
			🗀 Add
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			□Change
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			□ Change
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Effective date, if other than the date of filing: ((optional) (If an effective date is liked, 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 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. 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 ord is filed. Dated May 27 2021 Signature of a member or authorized representative of a member	•						
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Dated	May 27		2021				
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		Signature of	a member or auth	orized representa	ive of a member		

Filing Fee: \$25.00