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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : TAP SOLUTIONS INC

Account Number : I20210000103

: (786)615-3057

Fax Number

: (786)615-3058

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LUXE APPLIANCES REPAIR LLC

Certificate of Status	1
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Page Count	04
Estimated Charge	\$30.00

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ARTICLES OF AMENDMENT TO , ARTICLES OF ORGANIZATION OF

LUXE APPLIANCES REPAIR LLC	
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	ppears on our records.)
The Articles of Organization for this Limited Liability Company were filed or	n 04/16/2021 and assigned
Florida document number L21000177063	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compar	ny 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:	202
(Principal office address MUST BE A STREET ADDRESS)	2
	
	6 日子
Enter new mailing address, if applicable:	D (3)
(Mailing address MAY BE A POST OFFICE BOX)	· [-
B. If amending the registered agent and/or registered office address on o agent and/or the new registered office address here:	our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address: Ente	er Florida street address
·	, Florida
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 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

Title	<u>Name</u>	Address	Type of Action
coo	TAIS A ROMERO	584 CONSERVATION DR	
		WESTON, FL 33327	≣Remove
			□ Change
CEO	RAFAEL GONZALEZ	14035 LANGLEY PL	
		DAVIE, FL 33325	≣ Remove
			Change
AMBR	RAFAEL GONZALEZ	14035 LANGLEY PL	⊟ Add
		DAVIE, FL 33325	□Remove
			□Add
			Remové
			☐ Change
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			□Remove
			☐ Change

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fan effect <u>Note:</u> If	ive date is listed, the date inserte	r than the date of the date must be speed in this block does te on the Departme	o bas offic s not mo	ennot be priced the application	or to date of fil cable statute	ing or more t ry filing re	(option 40 days after quirements, this	filing.) Pursuant t	o 605.020 e listed au
record s		ved effective date,	but not a	ın effective	time, at 12:0	la.m. on t	he earlier of: (b) The 90th day	after the
ated	April	Russighan	,	200	<u>)</u> .	1			
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Filing Fee: \$25.00