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(Requ	iestor's Name)	······································
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(City/:	State/Zip/Phone	- #h
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PICK-UP	MAIT	MAIL
(Busi	ness Entity Nam	ne)
(Docu	ıment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fil	ling Officer:	

Office Use Only



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04/01/22--01018--014 **25.00



T. MATTHEWS APR 18 2022

COVER LETTER

TO:

Registration Section Division of Corporations

Mailing Address: Registration Section

P.O. Box 6327

Division of Corporations

SUBJECT: ADD	pliance Depot	Mount Dara	
•	Name of Limite	ed Liability Company	
The enclosed Articles of A	amendment and fee(s) are subm	nitted for filing.	
Please return all correspon	dence concerning this matter to	the following:	
	Roberto	1612	
		Name of Person	
	Appliance	Depot mount Dor	w.
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	2731 W.	612 Hwy 44	
		Address	7
	_Mount Dor	u FL 3275 City/Slate and Zip Code	
	E-mail address: (tò	20 bert @ Ive. Go be used for future annual report notific	ation)
For fligther information co	ncerning this matter, please cal		•
To runner information co	C market please car		
Coberto	W12	at (<u>352) (678 -</u>	8662
Name of	Person	Area Code Daytime	l'elephone Number
Enclosed is a check for the	e 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)

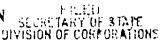
Street Address: Registration Section

Division of Corporations

The Centre of Tallahassee

2415 N. Mannas Comme Cuita 910

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION SECRETARY OF 3 TAPE **OF**



9: 15
and assigned
viation "L.L.C."
<u> </u>
·
f the new registered
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>	Name	Address	Type of Action
MGR	Roberto Rviz	2731 W. Oil they 441 mant down	33757 € ■Add
			
			□ Change
			🗆 Add
			🗆 Remove
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ote:	tive date, if other than the date of filing: 03-25-2022 (optional) Rective 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
record is fi	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 the iled.
	03-25-2022
ated	
ated	Signature of a member or authorized representative of a member Roberto Riz

Filing Fee: \$25.00