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2022 JUL 25 PK 1545

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	Mr.	Appliance of Name of Lim	Spring H: LL FL ited Liability Company	LLC					
The enclosed Arti	icles of Ame	ndment and fee(s) are sub	mitted for filing.						
Please return all c	orresponder	ice concerning this matter	to the following:						
	-		Justin Bogart Name of Person		□	2022			
	-	Mr. Applia	nce of Spring Hill Firm/Company	FL,LLC		JUL 25 P			
	-		Plymouth Run Address			<u> </u>			
	_	Brader	Nton FL 34211 City/State and Zip Code						
	_	E-mail address: (City/State and Zip Code Shill Owner Ma To be used for future annual report	ppliance.com					
For further inform	nation conce	rning this matter, please ca	all:						
Jus	Name of Per	gart	at (813) Da	22 - 9747 ytime Telephone Number					
Enclosed is a chec	ck for the fo	llowing amount:							
\$25.00 Filing	; Fee [\$30.00 Filing Fee & Certificate of Status	s Certified Copy (additional copy is enclosed) \$60.00 Filing Fee & Certificate of Str Certified Copy (additional copy is en						
Registr Divisio P.O. Bo	Address: ration Sect on of Corp ox 6327 assee, FL 3	orations	The Centre	Section Corporations of Tallahassee onroe Street, Suite 8	10				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	of Spring Hill, FL, LLC	
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Cor Florida document number <u>L22000239631</u>	mpany were filed on 05-23-2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
Appliance Doctor of Sp	ring Hill FL, LLC	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		7.5. 20.
(Principal office address MUST BE A STREET ADDRE	<u></u>	2
		- C1
Enter new mailing address, if applicable:		R .
(Mailing address MAY BE A POST OFFICE BOX)		
		7
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, enter the n	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter 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 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>	Address	Type of Action
			□Add
			🗆 Remove
			□Change
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Note: If	e date, if other ive date is listed, t the date inserted t's effective date	d in this block d	loes not n	neet the ap	plicable s	of filing of tatutory f	or more tha	(or n 90 days at direments, t	otional der filing this date) g.) Pursi e will r	uant to 60 not be li:	05,0207 sted as
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Dated	July	20		207	7							
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		Signa	ature of a	member or	uthorized	representa	live of a m	iember				