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COVER LETTER

TO:			•		
	ÁMÍSI API	PLIANCE SERVCES, LLC		• •	
SUBJI	ECT:	Name of Lin	nited Liability Company		
			·		
Please	return all correspo	indence concerning this matter	to the following:		
		JOCELIN AMISIAL			
			Name of Person		
			Firm/Company		<i>∾</i> '-
		AMISI APPLIANCE SERVICES, LLC Firm/Company 4120 NE 4TH AVE Address POMPANO BEACH, FL 33064 City/State and Zip Code AJOCELIN@YAHOO.COM E-mail address: fio be used for future annual report notification) formation concerning this matter, please call: IISIAL Solutional Code Area Code Daytime Telephone Number Check for the following amount: ling Fee Certificate of Status Certified Copy (additional copy is enclosed)			
					F 21
		POMPANO BEACH, FL.			5 ;
		AJOCELINGWAHOO CO	City/State and Zip Code		<u>အ</u> မှ
				ification)	30
For fur	ther information c	oncerning this matter, please c	all:		
JOCEL	JN AMISIAL				
	Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclos	ed is a check for th	ne following amount:			
■ \$2	5.00 Filing Fee		Certified Copy	Certificate Certified (e of Status & Copy
	Mailing Addres Registration S	***	<u>Street Address:</u> Registration Sc	ection	

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

AMISI APPLIANCE SERVICES, LI			
(Name of the Limited (7	Liability Compa Florida Limited	any as it now appears on our re Liability Company)	cords.)
The Articles of Organization for this Limited Lial Florida document number 1.22000293913		were filed on 06/29/2022	and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, <u>enter the new name of t</u>	he limited lial	oility company here:	
N/A			
The new name must be distinguishable and contain the wor	ds "Limited Liab	(lity Company," the designation	"LLC" or the abbreviation "L.L.C"
Enter new principal offices address, if applical	ole:	N/A	
Principal office address MUST BE A STREET	ADDRESS)		F7
			SE C
			26 26
Enter new mailing address, if applicable:		N/A	P 03.5
Mailing address MAY BE A POST OFFICE B	<u>0X)</u>		
			30
B. If amending the registered agent and/or regagent and/or the new registered office address	gistered office here:	address on our records, <u>e</u>	nter the пате of the new register
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida street a	ddress
			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

Title	<u>Name</u>	Address	Type of Action
MGR	JOCELIN AMISIAL	4120 NE 4TH AVE, POMPANO BEACH, FL 33064	
			□Remove
			□Change
			_ 🗆 Add
			22 Chronge Line
			22 Change PH 360
			_ □ Keenove (5) _ □ 1 Keenove (5) _ [] 1
			ПС.
			_ □Add
			_ □Remove
			_ □Change
			_ 🗆 Add
			□Remove
			_ □Change
·			_ □Add
			□Remove
			□Change

	rant to correct the spelling of my first name. My first name is JOCELIN. It needs to b		-
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		S. E. S.	
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		72	21.5 G.
		7.	<u>.</u>
		<u> </u>	7.
an effecti	e date, if other than the date of filing: tive date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 d the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	lays after filing.) Pursuant to 605	5.0207 ed as
ocument			
ocument	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie I.	er of: (b) The 90th day afte	r the
ocument record s I is filed.	SEPTEMBER 21 2022		r the
ocument record s I is filed.	l.		r the

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