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# **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	My Appl Name of Lim	ited Liability Company	LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Wins	Name of Person	
		Appliance Reports	<u> </u>
	6625 As	Address	IVO Unit4
	Jacks	On Ville Florid City/State and Zip Code	a 32244
	E-mail address: (	to be used for future annual report notice	repair amail. Covn
For further information c	oncerning this matter, please ca	all:	
W', M S t Name o	on Judge Iv	at ( <u>904)</u> <u>255</u> Area Code Daytime	- 0000 e Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	S30.00 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:
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

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MrAr	ppliance Repair LLC	<b>∆</b> UG
(Name of the Limited Liab) (A Floric	OPTIONCE REDAIN LLC lity Company as it now appears on our records.) la Limited Liability Company)	7
		<u> </u>
The Articles of Organization for this Limited Liability	• -	o ∠ > cand assigned
Florida document number <u>L Z 3 0 0 0 5 6 1</u>	<u>09</u> 7	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	Appliance Repair LL	
The new name must be distinguishable and confain the words "Lin	mited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>
B. If amending the registered agent and/or registered agent and/or the new registered office address here:		e name of the new registered
Name of New Registered Agent:		
	<del></del>	
New Registered Office Address:	Enter Florida street address	
	. Flori	da
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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fective date, if other than the date of filing:	(0	optional)
n effective date is listed, the date must be specific and cannot be prior to date of finete: If the date inserted in this block does not meet the applicable statut	iling or more than 90 days : tory filing requirements.	after filing.) Pursuant to 605.0 . this date will not be listed
cument's effective date on the Department of State's records.	, 2 ,	
ecord specifies a delayed effective date, but not an effective time, at 12: is filed.	01 a.m. on the earlier of	f; (b) The 90th day after
		<u>}</u> , ~
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ted 8-5-to . 2024.		AUG
	0	
Signature of a member or authorized repre	$\mathcal{L}$	F" ~1