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COVER LETTER

Div	ision of Corp	orations						
SHRIFCT		JANCES FLORIDA CITY L	l.C					
SUBJECT: Name of Limited Liability Company								
The enclosed	d Articles of A	mendment and fee(s) are sub-	mitted for filing.					
Please return	all correspon	dence concerning this matter	to the following:					
		LILIANA RODRIGUEZ						
			Name of Person					
LRKN APPLIANCES FLORIDA CITY LLC								
Firm/Company								
10890 SW 186TH STREET UNIT 15								
			Address	<u> </u>				
		MIAMI FL 33157						
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code					
APPLIANCESLRKN@GMAIL.COM								
		E-mail address: (1	to be used for future annual repo	rt notification)				
For further in	nformation co	ncerning this matter, please ca	ıll:					
LILIANA R	ODRIGUEZ		786 809-69 at ()	11				
	Name of	Person	Area Code E	aytime Telephone Number				
Enclosed is a	a check for the	following amount:						
■ \$25 ,00 I	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)				

TO: Registration Section

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

LIKKIN APPLIANCES PLOKIDA CITT					
(<u>Name of the Limited Li</u> (A Flo	ability Company as it now appears on o orda Limited Liability Company)	our records.)			
The Articles of Organization for this Limited Liability Florida document number 1.24000411906		and assigned			
This amendment is submitted to amend the following	5.				
A. If amending name, enter the new name of the	limited liability company here:				
The new name must be distinguishable and contain the words	Limited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET A <u>I</u>	ODRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2				
B. If amending the registered agent and/or registon agent and/or the new registered office address her		ls, enter the name of the new registere			
Name of New Registered Agent:					
New Registered Office Address:	Entan Place La me	ant address			
	Enter Florida street address				
	Ciţy	, Florida 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
MGR	LUIS G. RODRIGUEZ	10890 SW 186TH STREET UNIT 15 MIAMI FL 33	15- 7 ≡ Add
			□Remove
			□Change
			🗆 Add
			□Remove
			_ □Change
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<u>e:</u> If the	ate, if other that date is listed, the date date inserted in t effective date on	this block does	s not meet the	e applicable s	e of filing or m statutory filin	ore than 90 days grequirement	optional) safter filing.) l s, this date w	Purswant to 605 ill not be liste	.0207 ed as
cord spec s filed.	ifies a delayed ef	Tective date, b	ut not an effe	ective time, a	it 12:01 a.m. c	on the earlier o	of: (b) The	90th day afte	r the
ed OCTO	OBER 22ND		2024	}					
			1 1						
		Signaturi	e of a member	or authorized	representative	of a member			