L24000456242

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COVER LETTER

TO: Registration So Division of Co			,	
	ANCE LLC	•		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
	ondence concerning this matter			
	HARRY DANIEL			
		Name of Person		
		Firm/Company		~ 2
	1409 SE 10 TER			2024 NOV -4 PM 4: 17
		Address	L A II	ETAR
	CAPE CORAL. FL 33990	City/State and Zip Code		200 P
	danielh2663@gmail.com	to be used for future annual report notifical	tionY	西京石
For further information (concerning this matter, please c			' m
Harry Daniel		239 371-3425 at ()		
Name	of Person		elephone Number	_
Enclosed is a check for t	the 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 I Certificate of Certified Copy (additional copy)	Status & y
<u>Mailing Addre</u> Registration		Street Address: Registration Section	on	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TU APPLIANCE LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 10/28/2024 and assigned Florida document number L24000456242 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: TU APPLIANCES LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida City

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

Title	Name	Address	Type of Action
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an effective date is it. Note: If the date in	other than the date of sted, the date must be spec- serted in this block doc- te date on the Department	inc and cannot be p is not meet the ap	plicable statutory	or more man 50 days	after filing.) Pursua	nt to 605.0207 t be listed as
record specifies a of the filed.	delayed effective date,	but not an effectiv	ve time, at 12:01 a	i.m. on the earlier o	f: (b) The 90th o	day after the
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	Signatu	re of a member or a	uthorized represent	ative of a member		
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Filing Fee: \$25.00