Norda Department of State
Division of Corporations
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(((H200000018003)))



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To:

Division of Corporations

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ä

Account Name : C T CORPORATION SYSTEM

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Fax Number

: (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

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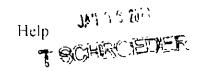
SETTING STATE OF NO.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TRANSFORM FLORIDA BUILDER APPLIANCES LLC

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu



APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT **BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

Name of limited liability Company as it appears State:		t of	
Enter new principal office address, if applicable:			
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)		,	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SCORE TALLAH	20 JAN -3
2. The Florida document number of this limited lie	ability company is: M19000001572	 ≅:	AM IO: 0
3. Jurisdiction of its organization: Delaware			00
4. Date authorized to do business in Florida: $\frac{027}{2}$	13/2019		-
SECTION II (5-9 complete only the applicable	changes)		
5. New name of the limited liability company:(mu	ist contain "Limited Liability Company,"	"L.L.C.," or "LLC."	·")
(If name unavailable, enter alternate name adopte copy of the written consent of the managers or must contain "Limited Liability Company," "L.L.	anaging members adopting the attenuate it	in Florida and attach name. The alternate n	ia lanic
6. If amending the registered agent and/or registered agent and/or the new registered office.	red officer address on our records, <u>enter t</u> address here:	he name of the new	
Name of New Registered Agent:			-
New Registered Office Address:	Enter Florida Street	Address	_
_	City , Fig	orida <u>Zip Code</u>	-
New Registered Agent's Signature, if changing F I hereby accept the appointment as registered ag the provisions of all statutes relative to the prope and accept the obligations of my position as regi- document is being filed to merely reflect a chang hability company has been notified in writing of	Registered Agent: gent and agree to act in this capacity. I fu- er and complete performance of my dutie, istered agent as provided for in Chapter (ge in the registered office address, I hereb	s, and ram jaminur : 605. F.S. Or, if this	2011

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:					
Title/ Capacity	<u>Name</u>	Address 3333 Beverly Road, Hoffman Estates, IL	Type of Action		
CFO/Co-CEO	Robert A. Riecker	60179	NAdd		
			Remove		
			Add 20 JA		
			Remove 3 Artigo		
		9	Remove		
			Add		
			Remove		
			Add		
			Remove		
aforemention	a certificate, if required: no moned amendment(s), duly authounder the law of which this er	ore than 90 days old, evidencing the enticated by the official having custody of records in tity is organized.	the		
y = 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -		ignature of the authorized representative			
	S	ignature of the authorized representative			

Filing Fee: \$25.00