

L100000110000

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

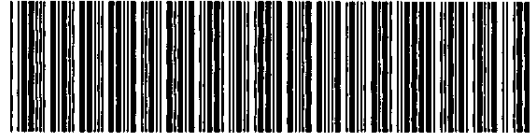
Special Instructions to Filing Officer:

A. LUNT

DEC - 3 2012

EXAMINER

Office Use Only



400242176694

11/29/12--01003--010 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 NOV 29 PM 3 34

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ABC Delta Supply LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Heran Wu
Name of Person
ABC Delta Supply LLC
Firm/Company
6240 Eaglebrook Ave.
Address
Tampa, FL 33625
City/State and Zip Code
Jchen87401@yahoo.com
E-mail address: (to be used for future annual report notification)

2012 MAY 29 PM 3:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

For further information concerning this matter, please call:

Jin Chen at (**813**) **994-8499**
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for 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 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ABC Delta Supply 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 10/21/2010 and assigned Florida document number L10000110000.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with 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)

FILED	2612 MAY 29 PM 3:36	SECRETARY OF STATE TALLAHASSEE, FLORIDA

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 new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Lauren Bell	7115 Whittington Ct.	<input checked="" type="checkbox"/> Add
		New Port Richey,	<input type="checkbox"/> Remove
		FL 34563	
MGR	Lauren N Metz	7115 Whittington Ct.	<input type="checkbox"/> Add
		New Port Richey,	<input checked="" type="checkbox"/> Remove
		FL 34563	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

2012 JUN 29 PM 5:35
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

FILED

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 11/27, 2012

Heran Wu

Signature of a member or authorized representative of a member

Heran Wu

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2012 NOV 29 PM 3:35
SEC. OF STATE
TALLAHASSEE, FLORIDA

FILED