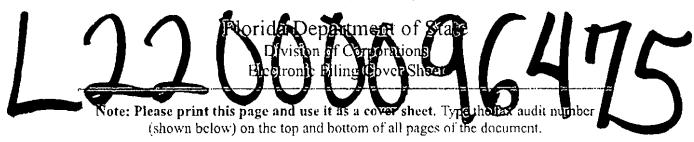
Division of Corporations



(((H22000300560 3)))



H220003005603ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Page: 2 of 5

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 : (305)444-4994 Phone

Fax Number : (305)328-4774

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

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CHOICE SUPPLIES LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

SEP - 2 1822

Electronic Filing Menu Corporate Filing Menu

Help

Page: 3 of 5

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

CHOICE SUPPLIES LLC		
(Name of the Limited Liability Compu (A Florida Limited I	ny as it now appears on ou Liability Company)	r records.)
The Articles of Organization for this Limited Liability Company Florida document number L22000096475	were filed on 03/08/202	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited hab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designat	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		0029 SEP
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
		27. <b>6</b> 0
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records	, enter the name of the new registered
Name of New Negation Agent.		
Name of New Registered Agent:  New Registered Office Address:	Enter Florida stre	et address
		, Florida
	Cini	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my di provided for in Chapte	ities, and I am familiar with and er 605, F.S. Or, if this document is
If Char	nging Registered Agent, Si	nature of New Registered Agent

From: Yanet Av

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

2022-09-01 16:05:36 GMT

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Boris Ernesto Delachaux Martin	9010 SW 137 AVE	🖺 Add
		STE 244	IRemove
		MIAMI, FL 33186	□Change
			□Add
		<del></del>	□Remove
			Change
			DAddi Ri
		<u> </u>	ORemove 1
			□Change 5000 0000 0000 0000 0000 0000 0000 00
		·	□Remove
			□Change
			DAdd
			□Remove
			[]Change
			□Add
			□Remove
			□Change

2028 SEP - I AM 8: 5 : 1	
20 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
20 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
20 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
20 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
20 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
1	
	3 5
1	5 7
	- }
	Γ,
Effective date, if other than the date of filing:	(3)(b) he
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the cord is filed.	
Dated	
/s/ Andres Chavarriaga Signature of a member or authorized representative of a member	
Signature of a member or authorized representative of a member	
ANDRES CHAVARRIAGA  Typed or printed name of signee	