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Mr 3/2

COVER LETTER

	Registration Security Division of Corp			
SUBJEC		PPLIES LLC		
SUBJEC	-1:	Name of Limit	ted Liability Company	
The encl	osed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please re	eturn all correspon	ndence concerning this matter t	o the following:	
		ABDULRAHMAN ZABA	RAH	
		** Tenderske skriveter om skriv	Name of Person	,,
			Firm/Company	
		9802 DEAN WOODS PLA	CE	
			Address	-
		ORLANDO, FL 32825		
		·	City/State and Zip Code	
		AZABARAH15@GMAIL.C		•
		E-mail address: (to	o be used for future annual report	notification)
For furth	er information co	oncerning this matter, please ca	II:	
ABDUL	RAHMAN ZAB	ARAH	407 376-3167 at ()	•
	Name of	f Person	Area Code Day	rtime Telephone Number
Enclosed	l is a check for th	e 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**

ARTICLES	S OF AMENDM	ENT
,	ТО	
ARTICLES	OF ORGANIZA	TION
•	OF	The state of the s
		The second second
VISTA SUPPLIES LLC		To the second
(<u>Name of the Limited Liability</u> (A Florida	Company as it now appe	ars on our records.)
(A Piolius)	Ellinted Elabinty Company)	ars on our records.) 3/12/2015 and assigned
The Articles of Organization for this Limited Liability Co	ompany were filed on $\frac{0}{2}$	3/12/2015 and assigned
lorida document number L15000045528		
Iorida document municer	 *	
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed lighility company	haro.
	co matrice company i	<u>uci ē</u> .
PENDLIS LLC		
he new name must be distinguishable and contain the words "Limit	ed Liability Company," the	designation ")) I'm or the apprentique of
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRI	ESS)	

		· · · · ·
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or regist		on our records, enter the name of the new
egistered agent and/or the new registered office addr	ess nere:	
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
THE TABLETON CITIES (MAILEON	Enter Fl	orida street address
		Florido
	City	, Florida Zip Code
ew Registered Agent's Signature, if changing Registered	•	•

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>	<u>Address</u>	Type of Action
AMBR	AHMED ZABARAH	9802 DEAN WOODS PLACE	■ Add
		ORLANDO, FL 32825	☐ Remove
			Change
			L Add
			திர் நடித் நடி குக ம்
			Change
			Add
			☐ Remove
			Remove Auu Change
		**************************************	The state of the s
			☐ Change
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<i>(*)</i> 		The state of the s	Change
			D Add
			₩ Monsese:
			☐ Change

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

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Note: If the date inserted in this bl document's effective date on the D	t be specific and cannot be prior to date of filing or more than 90 dock does not meet the applicable statutory filing requirement appropriate the spartment of State's records. The effective date, but not an effective time, at 1	ents, this date will not be listed as the
Dated 2/23/2016		
Jaluar	Signature of a member or authorized representative of a member	TALLIA TE
ABDULRAHMAN ZA		8 2 F
ABDULIANIAN EA	19960 of Dringo name to society	PH 6:
	Page 3 of 4	52 NIE NIDA

Filing Fee: \$25.00