

L15000084479

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(Address)

(Address)

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S. WARREN  
JUL 14 2017

S. WARREN

JUL 14 2017

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: SCH 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:

Jois Isabel  
Name of Person

J & I Tax Investment Corp  
Firm/Company

1890 N. Pine Island Rd Suite 109  
Address

Plantation FL 33322  
City/State and Zip Code

JISITax@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jois Isabel at (954) 600 5801  
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**

Beh 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 05/13/2015 and assigned Florida document number L15000084479.

This amendment is submitted to amend the following:

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

CH Supply LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

19400 TURNBERRY  
Way Apt 1012  
Aventura, FL 33180

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

19400 TURNBERRY  
Way Apt 1012  
Aventura, FL 33180

**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 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



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

Change the address  
NEW ADDRESS

19400 TURNBERRY way  
Apt 1012  
AVENTURA, FL 33180

Change the name  
NEW NAME IS  
CH Supply LLC

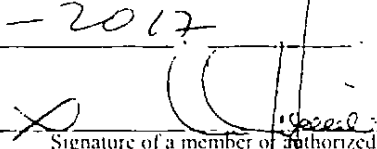
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If 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 record is filed.

Dated 07-07-2017

  
Signature of a member or authorized representative of a member  
Typed or printed name of signee

FILED  
17 JUL 13 PM 3:49  
STATE OF FLORIDA  
DEPARTMENT OF STATE