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From:

Account Name

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SASAC SUPPLY INTERNATIONAL LLC

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

. F

		Supply International LLC			
	Name of the Limited Liab (A Flori	lity Company as it now appear ds Limited Liability Company)	s on our records.)		٠. :
The Articles of Organization for	or this Limited Liability	Company were filed on	March 5, 2020	and assigned	,
Florida document number	L20000070019	<u> </u>			
This amendment is submitted to	o amend the following:				
A. If amending name, enter t	he new name of the lin	nited liability company he	<u>re</u> :		
The new name must be distinguishab	e and contain the words "Li	mited Liability Company," the de	esignation "LLC" or the at	breviation "L.L.C."	••
Enter new principal offices ac	dress, if applicable:				
(Principal office address MUS	T BE A STREET ADD	RESS)			
•				9 US	i
Enter new mailing address, if	applicable:				
(Mailing address MAY BE A F	OST OFFICE BOX			2 2	活
				三 数	70
				그 병	(5) -{}  }
B. If amending the registered agent and/or the new registered	agent and/or registere	ed office address on our re	cords, enter the nam	e of the new registered	F
agent and of the new register	d other address here.			Ţ.	; ;
Name of New Register	red Agent:				
New Registered Office	Address:				
		Enter Flori	da street address		
		. <del></del>	, 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

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

Title	Name	Address	Type of Action
AMBR	Jose R Casas Baptista	Ave 9 entre Calle 63 y 64 Edificio Nayarit, Apt 1	: 
		Maracaibo, Venezuela 4001	≅Remove ::-
			□ Change
			□ Add
			□Rcmove
			Change
			□Add
			Remove
			□ Change
			□ Add
			□Remove
			Change
<del></del>			□Add
			□Romove
			OChange
			□Add
			CRemove
			□Change

	emending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	ive date, if other than the date of filing:  (optional)
ote: ocum	(optional)  If the date inscreed in this block does not meet the applicable statutory filing requirements, this date will not be listed as the sent's effective date on the Department of State's records.
record is fil	d 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
ated_	September 22 2020
	2 de la companya della companya dell
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00