L03000018001

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone	#)			
PICK-UP WAIT	MAIL			
(Business Entity Nam	e)			
(Document Number)				
Certified Copies Certificates	of Status			
Special Instructions to Filing Officer:				
	·			

Office Use Only



600180651716

05/14/10 01011 003 **30.00

TO MAY IL PH 1:45

J. BRYAN

MAY 1 7 2010

EXAMINER

COVER LETTER

(TO: Registration Section Division of Corporations	
SUBJECT: Best Copier Supplies, 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:	
Jose Hernandez	
Best Copier Supplies	5
14811 SW 136 PL	SECRET TO
Liûmi Fl 35/86 City/State and Zip Code	TARY OF PH
JOSI ODCS COOLETS. COM E-mail address: (to be used for future annual report notification)	PH 1: 46
For further information concerning this matter, please call:	in"
JOSI Hernandig at (780) 242.468 Name of Person Area Code & Daytime Telephone N	umber
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy Certified Copy (additional copy is enclosed)	00 Filing Fee, rtificate of Status & rtified Copy ditional 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

	Copier Su		
The Articles of Organization for this Limited L Florida document number <u>L03000</u>	Liability Company as it now A Florida Limited Liability Con Liability Company were filed		3 and assigned
This amendment is submitted to amend the foll A. If amending name, enter the new name of		nv here:	
The new name must be distinguishable and end wi "L.L.C."	th the words "Limited Liability	Company," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applie	cable:		<u> </u>
(Principal office address MUST BE A STREE	ET ADDRESS)		<u> </u>
Enter new mailing address, if applicable:			THE PROPERTY OF THE PROPERTY O
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		1957 . 6
B. If amending the registered agent and/ registered agent and/or the new registered o	ffice address here:	, ,	the name of the new
Name of New Registered Agent:	José H	ernandez	
New Registered Office Address:	<u> 14811 SW</u>	130 PI	
	Marii	Enter Florida street ad	4 4 4 -
New Registered Agent's Signature, if changing l	City Registered Agent:		Zip Cnde
The second secon			

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, <u>enter the title, name, and address of each Manager</u> or Managing Member being added or removed from our records:				
MGR =	Manager = Managing Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			Add Remove	
			Add Remove	
			Add Remove	
			□ p	
···· -			Add Remove	
			Add Remove	
D. If am	<u>Dwnership Per</u> <u>Jose He</u>	change(s) here: (Attach additional sheets, if no CENTUGE: TNUNCLE 99 Mo EVNUNCLE 1 Mo	ecessary Company of State	
Dated/	May 11 ,a	3010	<u> </u>	
	Signature of a m	nember or authorized representative of a member OSC HIN ON CLIZ Typed or printed name of signee		

Page 2 of 2

Filing Fee: \$25.00