## L0800025348

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**EXAMINER** 



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SECRETARY OF STALE SIVISION OF CORPUBATION į

## **COVER LETTER**

TO: Registration S Division of Co		•	•		
SUBJECT:	All S	Supply, LLC			
<del></del>	Name of Lim	ited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.			
Please return all corresp	ondence concerning this matte	r to the following:			
		Sophie Laroche			
		Name of Person			
		Firm/Company			
718 Gulf Blvd., #3					
		Address			
	India	n Rocks Beach, FL 33785			
		City/State and Zip Code	•		
	E-mail address: (	to be used for future annual report notifical	tion)		
For further information	concerning this matter, please	call:			
Sc	phie Laroche	at ( )			
Name	of Person	Area Code & Daytime T	elephone Number		
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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

A	II Supply, LLC				
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appear Limited Liability Company)	s on our records.)	· · · · · ·		
The Articles of Organization for this Limited Liability	Company were filed on	3/10/08	and assi	and assigned	
Florida document numberL08000025348	<u></u> .				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lin	nited liability company her	<u>e</u> :			
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Compa	ny," the designation "	LLC" or the a	bbreviation	
Enter new principal offices address, if applicable:		n.			
(Principal office address MUST BE A STREET ADD	RESS)		90	ZS	
			8	Ģ <del>S</del>	
	<del> </del>		¥ 2	95_	
Enter new mailing address, if applicable:			ĊĪ.		
(Mailing address MAY BE A POST OFFICE BOX)	,		Ē	- सुद्राध	
maning waress Mill BETTT OUT OF THEE BOX			**		
			- 6	<del>om</del>	
B. If amending the registered agent and/or regis	stered office address on o	ur records, enter t	the name of	支 The new	
registered agent and/or the new registered office add		<u> </u>			
Name of New Registered Agent:	8-86-07	-			
New Registered Office Address:					
	Ent	er Florida street ada	iress		
		, 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 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u> <u>Name</u> **Address Type of Action** MGR Luke Lirot 2240 Belleair Road, Suite 190 ☐ Add Clearwater FL 33764 Remove MGR Sophie Laroche 718 Gulf Blvd., #3 ✓ Add Indian Rocks Beach, FL 33785 Remove ☐ Add Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) November 20 2009 Dated Signature of a member or authorized representative of a member Luke Lirot Typed or printed name of signee

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Filing Fee: \$25.00