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COVER LETTER

TO: Registration Section Division of Corporations					
SHIRIFCT: Pallet Supply Source, LLC					
SUBJECT: Patiet Supply Source, 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:					
Dille C the make a					
Billy F Herndon (Name of Person)					
Pallet Supply Source, LLC (Firm/Company)					
5815 W. Mariner Street					
(Address)					
Tampa, FL 33609					
(City/State and Zip Code)					
For further information concerning this matter, please call:					
Billy F Herndon at (813) 286-0737					
(Name of Person) (Area Code & Daytime Telephone Number)					
Enclosed is a check for the following amount:					
\$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status &					
(additional copy is enclosed) Certified Copy	A				
(additional copy is enclo	sed)				
MATITUC ADDRESS. STREET/COUDIED ADDRESS.					

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

Pallet Supply Source, LLC		**************************************
(Name of the Limited Lia (A Flo	bility Company as it now appears on rida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liabil	ity Company were filed on 3/20/20	008 and assigned
Florida document number <u>L08000028993</u>	 •	
This amendment is submitted to amend the following	og:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Company,"	the designation "LLC" or the abbreviation
B. If amending the registered agent and/or a registered agent and/or the new registered office	=	records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter 1	Florida street address)
_		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regi	stered Agent:	
I hereby accept the appointment as registered at the provisions of all statutes relative to the prop accept the obligations of my position as register being filed to merely reflect a change in the regi company has been notified in writing of this cha	er and complete performance of m ed agent as provided for in Chapto stered office address, I hereby con	y duties, and I am familiar with and er 608, F.S. Or, if this document is
	(If Changing Registered Agent, §	ignature of New Registered Agent)
		SSEI SSEI
	Page 1 of 2	ORINI 5

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

Title	<u>Name</u>	Address	Type of Action
MGRM	Benedict B Flahn	1402 AVON WOOD CT LUTZ FL 33559 US	Add✓ Remove
			Add Remove
			Add Remove
			Add Remove
······································			AddRemove
			Add Remove
D. If amend	ling any other information, enter chan	ge(s) here: (Attach additional sheets, if necess	ary.)
			
Dated April	Billy Fr.	Terndon	Z000 HAY SECRET
	Signature of a memb	er or authorized representative of a member	RE TAN
	Billy F Herndon Type	d or printed name of signee	70 P 1 mmmm
	• • • • • • • • • • • • • • • • • • • •	Page 2 of 2	
]	Filing Fee: \$25.00	RY OF STA