L08000112982

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(53	onioss Chity Nan	(10)
	ocument Number)	
(120	cument Number)	
	0 47	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	A	I I IN IT
	A.	LUNT
	SE	P -1 2011
	EXA	MINL

Office Use Only



800211275378

08/31/11--01013--004 **25.00

ZOLI AUG 31 PM J: OF

COVER LETTER

TO:	Registration Se Division of Cor				1		
SUBJE	CCT:		SUPPLIES, LLC ed Liability Company				
			, ,				
		Amendment and fee(s) are sub	_				
Please	return all correspo	ondence concerning this matter t	o the following:				
		GERRY	VALDES-SANCHEZ CPA				
			Name of Person				
		HYDE P	ARK ACCOUNTANTS PA				
			Firm/Company				
		230	5 W MORRISON AVE			_	
			Address		程度	2811	
		•	ГАМРА, FL 33629		AHA AHA	2011 AUG 31	
			City/State and Zip Code		35.5 XXX	ω	42-1473-4-4
		GERRY@HY[DEPARKACCOUNTANTS.C be used for future annual report notifica	OM	11. 14.0	3	
			·	(ioii)	25 25 25 25 25 25 25 25 25 25 25 25 25 2	PM 1: 00	S. Land
For fur	ther information c	oncerning this matter, please ca	11:		合		
	GERRY VAL	DES-SANCHEZ CPA	at (_813)2	59-4529			
	Name o	f Person	Area Code & Daytime 1	'elephone Number	r		
Enclose	ed is a check for th	ne 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 Fil Certifica Certified (addition	ite of Stat l Copy		sed)
		ING ADDRESS: ration Section	STREET/COURIER Registration Section	R ADDRESS:			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GLOBA	AL SUPPLIES, LLC			
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appear Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability (Florida document numberL08000112982	Company were filed on	12/10/2008	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the lim</u>	nited liability company her	<u>·e</u> ;		
	CEX, LLC			
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Compa	any," the designation "L	LC" or the abbreviation	
E.L.C.				
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	RESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		LEAHASSEE.	2011 AUG 31 PH	
B. If amending the registered agent and/or registered agent and/or the new registered office add		,0,7 %0,7	. 0	
Name of New Registered Agent:				
New Registered Office Address:	En	tar Florida street add	rass	
	En	Enter Florida street address		
	Cu	, Florida	7: 6:1	
	Citv		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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Ma	nager ' '		
MGRM = N	lanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
	·	•••	Kemove
			Add Remove
			Add Remove
			Kemove
			Add Remove
			Add Remove
		→	AUG 31
			Add Remove
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessar)	0
Dated <u>Ad</u>	ugust 29 , 20	<u>011_</u> .	
		r-or authorized representative of a member	
	Mr. Javic Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00