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FILTO SECRETARY OF STATE DIVISION OF CORPORATIONS

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

11 JUL -6 AM 8:21

Inv	versupply, LLC		
(Name of the Limited Liabili (A Florida	ty Company as it now appear Limited Liability Company)	irs on our records.)	
The Articles of Organization for this Limited Liability Florida document number L11 0000 77		07-05-2011	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company be	<u>re</u> :	
The new name must be distinguishable and end with the we"L.L.C."	ords "Limited Liability Comp	any," the designation "LL	C" or the abbreviation
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)			
B. If amending the registered agent and/or registered agent and/or the new registered office ad-		our records, <u>enter th</u>	e name of the new
Name of New Registered Agent:			
New Registered Office Address:			·
	<i>E</i>	nter Florida street addre	SS
	<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 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.

## H 1100017 45973

MGRM = Managing Member

MGR = Manager

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:

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGRM	Rafael O. Molina	2327 Cordova Bend Weston FI 33327	Add Remove
<del></del>			Add Remove
			Add Remove
			Add Remove
			Add Remove
	•		Add Remove
D. If amendi	ng any other information, enter chan	ge(s) here: (Anach additional sheets, if necessary.)	SECRETARY OF STADIVISION OF CORPORA
Dated	Stolin		ZI 21
_		or authorized representative of a member d or printed name of signee	

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Filing Fee: \$25.00