L11000116588

(Requ	iestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/	State/Zip/Phon	e #)
PICK-UP	(Address) (Address) (City/State/Zip/Phone #)	
(Busi	ness Entity Nai	me)
(Docu	ıment Number))
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



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COVER LETTER

Div	ision of Corp	orations		
SUBJECT:		TERNATIONAL SUPPLY LE	.c	
SOBILET.		at () me of Person Area Code Daytime Telephone Number for the following amount: c		
The enclosed	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		PEDRO L GARCIA		
Name of Person				
SOUTH INTERNATIONAL SUPPLY LLC				
Firm/Company				
11402 NW 41st STREET, SUITE 211 524 DORAL FL 33178			·	
			Address	
DORAL FL 33178				
,				
		E-mail address: (t	to be used for future annual report notification	lion)
For further in	nformation co	ncerning this matter, please ca	ıll:	
PEDRO L C	GARCIA			
			elephone Number	
Enclosed is a	a check for the	e following amount:		
⊠ \$25.00 F	Filing Fee			

MAILING ADDRESS:

TO:

Registration Section

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

SOUTH INTERNATIONAL SUP	PPLY LLC		
(<u>Name of the Lim</u>	ited Liability Company (A Florida Limited Liab	as it now appears on our records. oility Company))
The Articles of Organization for this Limited I Florida document number L11000116588	Liability Company we	ere filed on 10/12/2011	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liabilit	y company here:	
The new name must be distinguishable and contain the	words "Limited Liability	Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable: _		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:	<u>-</u>		16 SEP
Mailing address MAY BE A POST OFFICE	E BOX)		
B. If amending the registered agent and registered agent and/or the new registered of		e address on our records,	enter-the name of the new
Name of New Registered Agent:	PEDRO L GARCI	(A	
New Registered Office Address:	11402 NW 41st S	TREET, SUITE 211 524	
		Enter Florida street address	
	DORAL	, Flor	
		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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ALVAREZ MARIA C	11402 NW 41st STREET,	
		SUITE 211 524 DORAL FL 33178	Remove
			Change
MGR	GARCIA PEDRO L	11402 NW 41st STREET,	Add
		SUITE 211 524 DORAL FL 33178	□ Remove
			☐ Change
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			Remove
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			Add Add Remove
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Effective date, if other than the If an effective date is listed, the date mus Note: If the date inserted in this blocument's effective date on the Defeat	be specific and cannot be prior to date be does not meet the applicable	c of filing or more than 90 days		
ne record specifies a delayed The 90th day after the reco		effective time, at 12:	01 a.m. on the earli	er of:
Dated AUGUST 02	, 2016	0		
	Signature of a member or authorized	representative of a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00