

L120000006492

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan SEP - 4 2012

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: OFFICE CENTER SUPPLIES 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:

SANTO GONZALEZ

Name of Person

OFFICE CENTER SUPPLIES LLC

Firm/Company

4469 SOUTH CONGRESS AVENUE

Address

LAKE WORTH FL, 33461

City/State and Zip Code

INFO@OFFICECENTERSUPPLIES.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SANTO GONZALEZ

Name of Person

at (561)

932-3537

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

OFFICE CENTER SUPPLIES LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 1/13/2012 and assigned
Florida document number L12000006492.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4469 SOUTH CONGRESS AVENUE

LAKE WORTH 33461

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4469 SOUTH CONGRESS AVENUE

LAKE WORTH 33461

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

SANTO GONZALEZ

New Registered Office Address:

2504 10TH AVE NORTH APT C - 201

Enter Florida street address

LAKE WORTH

City

, Florida

33461

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>	<u>Address</u>	<u>Type of Action</u>
MGRM	KARINA A ALVARADO	2504 10TH AVE NORTH APT C-201 LAKE WORTH FL 33461	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	KARINA A GONZALEZ	2504 10TH AVE NORTH APT C-201 LAKE WORTH FL 33461	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	LEONCIO GARCIA	2663 SAWYER TERRACE WELLINGTON FL 33414	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

PLEASE ADD OUR FEIN 45-4663454 TO THE FOLLOWING ARTICLES OF
CORPORATION L12000006492

Dated 8/25/2012

Signature of a member or authorized representative of a member

SANTO GONZALEZ

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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