## L12000078861

(Re	questor's Name)				
(Ad	dress)				
(Ad	dress)				
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
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(Document Number)					
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EXAMINER



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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:		SALE SUPPLIERS, LLC ited Liability Company	<u>.                                    </u>
		,	
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	. a
Please return all correspondence concerning this matter to the following:			12 301 -9 PM 9: 08
		الم الم	
		OKP	
	UNITED W	-9 7 9:0	
		Firm/Company	8
	121	Southwest Salmon Street	
		Address	
	Portland, Oregon 97204  City/State and Zip Code		
	brucemorri E-mail address: (		
For further information co	oncerning this matter, please o	•	,
Ric	hard Davis	at ( ) 503	446 9219
Name of Person		Area Code & Daytime To	elephone Number
Enclosed is a check for th	e 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 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS:		STREET/COURIER	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

UNITED W (Name of the Limited L (A F	HOLESALI Liability Compan Florida Limited Li	E SUPPLIERS  IV as it now appears ( iability Company)	, LLC on our records.	and assigned	
The Articles of Organization for this Limited Lia Florida document numberL120000788		were filed on	06/14/2012	and assigned of	
This amendment is submitted to amend the follows.  A. If amending name, enter the new name of the submitted to amend the follows.		lity company here:		8	
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ed Liability Company	," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applical	121 Southwest Salmon Street				
(Principal office address MUST BE A STREET ADDRESS)		Portland, Oregon 97204			
Enter new mailing address, if <del>applicable:</del> (Mailing address MAY BE A POST OFFICE BOX)		121 Southwest Salmon Street Portland, Oregon 97204			
B. If amending the registered agent and/or registered agent and/or the new registered offi  Name of New Registered Agent:  New Registered Office Address:	ce address here		AMERICA, INC		
<del></del>		Enter	Florida street addi	ress	
	N	MIAMI FL	, Florida	33131 US	
	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.

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 Title Name Address Type of Action MANG Bruce Morris cfo **∕**-Add 121 Southwest Salmon Street Portland, Oregon 97204 ☐ Remove TATIANA UKHOVA VAŞI MANGE 10801 STARKEY RD SUITE 104-277 ☐ Add SUITE 104-239\_\_ SEMINOLE FL 33777 ☐ Add \_ Remove ∏Add Remove ∏Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 07/03/2012 Dated Signature of a member or authorized representative of a member CHARLES PURCELL Typed or printed name of signee

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Filing Fee: \$25.00