

L12000 129 856

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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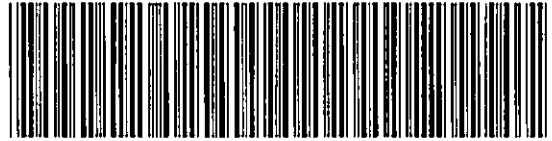
(Business Entity Name)

(Document Number)

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2019 MAR -5 P 12 31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

MAR 18 2019  
T. LEMIEUX

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SUPPLIES INDUSTRIAL SERVICES 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:

CLAUDINE JIMENEZ

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

18800 NE 29 AVE #503

\_\_\_\_\_  
Address

AVENTURA, FL 33180

\_\_\_\_\_  
City/State and Zip Code

jlug78@gmail.com

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

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:**

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**

**FILED**

SUPPLIES INDUSTRIAL SERVICES LLC

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

**FILED MAR -5 P 12:31**

The Articles of Organization for this Limited Liability Company were filed on 10/11/2012 **SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**  
Florida document number L12000129856

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

18800 NE 29 AVE #503

**(Principal office address MUST BE A STREET ADDRESS)**

AVENTURA, FL 33180

**Enter new mailing address, if applicable:**

18800 NE 29 AVE #503

**(Mailing address MAY BE A POST OFFICE BOX)**

AVENTURA, FL 33180

**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:

New Registered Office Address:

18800 NE 29 AVE #503

*Enter Florida street address*

AVENTURA

*City*

Florida 33180

*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>	<u>Address</u>	<u>Type of Action</u>
mgr	JOSE LUIS UZCATEGUI	18800 NE 29 AVE #503	<input checked="" type="checkbox"/> Add
		AVENTURA, FL 33180	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

[illegible]

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 02-27, 2019

C. Paudyal  
a member or author

Signature of a member or authorized representative of a member

CLAUDINE JIMENEZ

Typed or printed name of signee