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## **COVER LETTER**

Divi	ision of Corp	porations		
SUBJECT:		nnology Supply,LLC		
SOBJECT.	-	Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		Rosalba Chavez		
			Name of Person	
		Global Technology Supply	, LLC	
	· · · · · · · · · · · · · · · · · · ·			
		Miami FL 33018		
		<u>u </u>	City/State and Zip Code	<del> </del>
		rosalba.Chavez@globaltsup		
		E-mail address: (	to be used for future annual report notifi	cation)
For further in	formation co	oncerning this matter, please co	all:	
Rosalba Cha	vez		305 477 6144 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
□ \$25.00 Fi	iling 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:

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

Global Technology Supply,LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 10/17/2012 and assigned Florida document number \_\_\_\_\_L12000132699 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Enter Florida street address , Florida \_

## 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>	Name	Address	Type of Action		
			Add		
			Remove		
			□ Change		
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energy, metalworking, automotiv	ve, electronic, military, mechanical maintenance, industria	l safety,						
among others. Also provide servi	ices of all kinds including consulting, technical support an	d						
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The 90th day after the record  Dated SEPTEMBER 16  Aug.		<b>≥</b> (c) <del>−</del> (c) <del>−(</del> c) <del>−(</del> c) <del>−(c)</del> <del></del>						
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The 90th day after the record  SEPTEMBER 16  Sign	2016  .  .  .  .  .  .  .  .  .  .  .  .  .	77-919 19						

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