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(Document Number)		
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COVER LETTER

Division of Corporations
SUBJECT: ACTOSUPPLIET LLC Name of Limited Liability Company
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:
Francis S, Callera Name of Person
. •
Lero supplier LLC
Firm/Company
5442 NW 170 avenue
A contract of the contract of
DORAL, 71. 33178 City/State and Zip Code
felipec @ nerosupplier.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Francis S. Caldera at (305), 790-1080 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status 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

Lerosupplier	LLC
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Con Florida document number <u>L130000147</u>	mpany were filed on $\frac{13}{2013}$ and assigned 3
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and contain the words "Limited	d 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 ADDRE.	<u></u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address	red office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
New Dogistered Agent's Signature if changing Dogistered A	A cont:

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:

	GR = Manager MBR = Authorized Member		
<u>Title</u>	Name	Address	Type of Action
HGR	Mayra Insva	1717 N. Bayshore Dr.	
	·	1717 N Bayshore Dr. Hiami Fl 33132	Remove
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		·	C Remove
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			🖸 Add
			□ Remove
			Change
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	7 5 IT
ffective date, if other than the date of filing:	(optional)
an effective date is listed, the date must be specific and cannot be prior to date of filing or more the lote: If the date inserted in this block does not meet the applicable statutory filing requeument's effective date on the Department of State's records.	
e record specifies a delayed effective date, but not an effective time The 90th day after the record is filed.	e, at 12:01 a.m. on the earlier o
ated June 21 2017	
Signature of a member or authorized representative of a	member

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Filing Fee: \$25.00