1300008401

(Re	equestor's Name)	
(Ac	ldress)	<u> </u>
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COVER LETTER

Division of Cor		·	
SUBJECT: IOS	SUPPLIES LL	C	a.
SOBJECT.	, Name of Limit	ed Liability Company	
	A manufacture of contrasting to the contrasting of	Crist estat torres	,
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JOSEPH HL	JPPERT	
		Name of Person	
	,	Firm/Company	
	17611 SW 4	8 STREET	
		Address	···
. :.	SOUTHWES	ST RANCHES FL	33331
		City/State and Zip Code	
	JOE@HUPPERT	CPA.COM o be used for future annual report notificat	ion)
2004 CLE	oncerning this matter, please c	•••	1011)4. 1014
JOSEPH H	UPPERI	_{at (} 954 ₎ 434-481	1
Name o	f Person	Area Code & Daytime To	elephone Number
Enclosed is a check for the	he 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

IOS SUPPLIES LLC

company has been notified in writing of this change.

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

(A Florida Elli	med Elaomty Company)	
The Articles of Organization for this Limited Liability ComFlorida document number <u>L13000008401</u>	npany were filed on JANI	UARY 16,2013 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company	"," the designation "LLC" or the abbreviation
		For part Ca
Enter new principal offices address, if applicable:		- 1 - C-
(Principal office address MUST BE A STREET ADDRES	SS)	
		(A)
		F10 TO F15
Enter new mailing address, if applicable:		54, 12 T
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
Induting duaress MAT BE AT OST OFFICE BOX		27
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		r records, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter	r Florida street address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered A	Agent:	
I hereby accept the appointment as registered agent an	nd agree to act in this cap	acity. I further agree to comply with

If Changing Registered Agent, Signature of New Registered Agent

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

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>	Address	Type of Action
MGRM	CARMELO CARFI		Add
			Remove
MGRM	XONIA ALONSO DE CARFI		Add
			Remove
MGRM	MELINA CARFI		Add
			Remove
· · · · · · · · · · · · · · · · · · ·			Add
			Remove
	-		Remove
	-		Remove

D. If	amending any other information,	enter change(s) here: (Attach additional sheets, if necessary.)
etec	JANUARY 24	2013
	Signature	re of a member of authorized representative of a member
	ALDO CARFI	
		Tuned or printed same of signer

Page 3 of 3

Filing Fee: \$25.00