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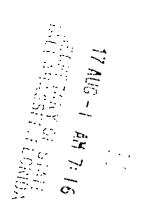
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COVER LETTER

TO:

Registration Section

Division of Corporations						
SUBJECT: ASDA	Supplier Name of Limited Link	3 E Service	23 LLC			
The enclosed Articles of Amendment	and fee(s) are submitted f	or tiling.				
Please return all correspondence conce	rning this matter to the fo	ollowing;				
		E, TAYI				
_ A:	SDA Suppl	ies & Servic	esLLC			
	314 DR	Address T.				
<u> </u>	issimme	e F1. 34 tate and Zip Code	1759			
-	E-mail address: (to be use	ate and Zip Code Services & d for future annual report notifi	ofmail.com			
For further information concerning this						
Duvid Ta	160	at (407) 463 1	146			
Name of Person		Area Code Daytime	Telephone Number			
Enclosed is a check for the following a	mount:	Ţ				
-	cate of Status C	55.00 Filing Fee & Fertified Copy additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
MAILING ADDRE Registration Section Division of Corporat P.O. Box 6327 Tallahassee, FL 323	ions	STREET/GOURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ASDA Supplies & Services 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 on08 05	2013 and assigned
Florida document number L 13000109843	. — 11	
This amendment is submitted to amend the following:	ı	
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	,,,	TATAL
(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 off registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	:	enter the name of the new
	Enter Florida street address	A
	, Flori	da Sir Zip Code
ew Registered Agent's Signature, if changing Registered Agent:		5
hereby accept the appointment as registered agent and agree rovisions of all statutes relative to the proper and complete p scept the obligations of my position as registered agent as pr sing filed to merely reflect a change in the registered office of impany has been notified in writing of this change.	performance of my duties, and rovided for in Chapter 605, F.S.	I am familiar with and S. Or, if this document is
If Chang	ing Registered Agent, Signature of S	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>	Address	Type of Action
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		F1, 34759	Remove
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Filing Fee: \$25.00