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| (Re | questor's Name) | |
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| (Ad | dress) | |
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| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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SEP 0 9 2015 S. YOUMG

COVER LETTER

| OUD IFOT. | _ | perSource, LLC | | | |
|-------------------------------------|-----------------|--|---|--------------------------|----------------|
| Name of Limited Liability Company | | | | | |
| The enclosed | d Articles of A | Amendment and fee(s) are sub | mitted for filing. | | |
| Please return | all correspon | ndence concerning this matter | to the following: | | |
| | | Scott Mahr, President | | | |
| • | | | Name of Person | | |
| | | Atlanta SuperSource, Inc. | | | |
| | | | Firm/Company | | |
| 3655 Kenncsaw 75 Parkway, Suite 100 | | | | | 17. Th |
| | | | Address | | 11 23 - |
| | | Kennesaw, GA 30144 | | | |
| | | <u></u> | City/State and Zip Code | | |
| | | smahr@atlantasupersource. | | | 13 CD |
| | | E-mail address: (| to be used for future annual rep | ort notification) | · |
| For further in | nformation co | oncerning this matter, please ca | all: | | |
| Scott Mahr | | | 770 423-0 at () | 006 | • |
| | Name of | Person | Area Code | Daytime Telephone Number | |
| Enclosed is | a check for th | e following amount: | | | |
| □ \$25.00 I | Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose | ed) Certified | te of Status & |

MAILING ADDRESS:

Registration Section

Division of Corporations

TO:

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

| Company as it now appears on our recor Limited Liability Company) | <u>ds.</u>) |
|--|--|
| ompany were filed on May 27, 2014 | |
| | |
| ed liability company here: | |
| ed Liability Company," the designation "LL | C" or the abbreviation "L.L.C." |
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| | ls, <u>enter the name of th</u> |
| ess nere. | |
| • | |
| | |
| Enter Florida street addr | 200 |
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| | loridaZip Code |
| | ed liability company here: ed Liability Company," the designation "LL ESS) ered office address on our recordess here: Enter Florida street address |

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, <u>enter the title, name, and address of each person being added</u> <u>or removed from our records</u>:

MGR = Manager

AMBR = **Authorized Member**

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|---------------------------------------|-----------------|-----------------------|-----------------|
| MGR | Bruce Gerlander | 7903 Fernleaf Drive | Add |
| | | Orlando, FL 32836 | ■ Remove |
| | | | |
| | | - | □ Change |
| MGR | Adam Tihinen | 4651 36th Street | Add |
| | | Suite 100 | |
| | · | Orlando, FL 32811 | ☐ Change |
| MGR | Scott Mahr | 3655 Kennesaw 75 Pkwy | ■ Add |
| | | Suite 100 | Remove |
| | | Kennesaw, GA 30144 | ☐ Change |
| | | | □-Add |
| | | | Řemove |
| | | | ☐ Change |
| · · · · · · · · · · · · · · · · · · · | | | □ Add |
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| Effective date, if other than the date of filing: (optional) (op | • | | | | | | _ |
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Filing Fee: \$25.00