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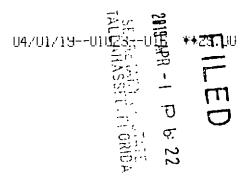
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COVER LETTER

	istration Sec ision of Corp					
	STEELIC. I	J.C				
SUBJECT:		Name of Lim	ited Liability Company	 ,		
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspoi	ndence concerning this matter	to the following:		2819 TAL	1-7
		PABLO RUIZ			PALLAHASS	F
		1,4417	Name of Person		TO TO	
		NET SUPPLY LLC			City of	
			Firm/Company		~ 器:: 22	
		999 SW 1st Ave Apt 3212			F *	
		-	Address			
		MIAMI, FL 33130				
		PABLO.RUIZ@NFTSUPP	City/State and Zip Code LY.COM	_		
		E-mail address: (to be used for future annual repo	ort notification)		
For further in	iformation co	oncerning this matter, please ca	all:			
PABLO RUI	Z		305 29708	353		
	Name of	Person	at () Area Code 1	Daytime Telephone Nu	umber	
Enclosed is a	check for the	e following amount:				
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	Cer (d) Cer	00 Filing Fee, tificate of Status & tified Copy itional 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

STEELIC, LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	inv as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 1.14000130187	were filed on and assigned and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	nility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "LHQ"
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)	999 SW 1st Ave Apt 3212 Miami, FP 33130
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code

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>	<u>Name</u>	Address	Type of Action
MGR	PABLO RUIZ	999 SW 1st Ave Apt 3212 Miami, FL 33130	<u></u>
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			Change
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			Remove Champe
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