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K. SALY EXAMINER APR 1 0 2015

COVER LETTER

	ation Sect i of Corpo			
Ce SUBJECT:	entral Flo	orida Industrial Supply	LLC	
		Name of Limi	ited Liability Company	
The enclosed Art	icles of A	mendment and fee(s) are subr	mitted for filing.	
Please return all o	correspond	lence concerning this matter t	to the following:	
		Efren Castillo		
			Name of Person	
	Central Florida Industrial Supply LLC			
	Firm/Company			
	2534 Dale Ann Dr			
	Address			
	Haines City, Florida 33844			
City/State and Zip Code				· · · · · · · · · · · · · · · · · · ·
	efrenc1990@gmail.com			
		E-mail address: (t	to be used for future annual report notif	ication)
For further inform	nation con	cerning this matter, please ca	all:	
Efren Castillo	0		863 4409710	
	Name of F	Person	Area Code Daytime	e Telephone Number
Enclosed is a che	ck for the	following amount:		
\$25.00 Filing	g 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

FILED
2015 HAR 18 PM 2: 45
SECRE IAR: OF STATE

Central Florida Industrial Supply 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 on 01/14/2015 and assigned Florida document number _L15000007903 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited 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 ADDRESS) P.O Box 1317 Enter new mailing address, if applicable: Davenport, FI 33836 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

| Florida |

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

<u>itle</u>	<u>Name</u>	Address	Type of Acti
MBR	Brianne Kae Castillo	2534 Dale Ann dr	■ Add
		Haines City, Florida 33844	□ Remove
			Add
			□ Remove
			Add O Remove
		Remove 2: 45	
			□ Add
		Remove	
			Remove
			Add
			Remove

).	If amending any other information, enter ch	hange(s) here: (Attach additional sheets, if necessary.)
(The e	Effective date, if other than the date of filing (The effective date must be specific, cannot be prior to dat the date this document is filed by the Florida Departmen	tte of receipt or filed date and cannot be more than 90 days after
	Dated March 2	, <u>2015</u> .
	A Coult	member or authorized representative of a member
	Efren Castillo	
		Typed or printed name of signee

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Filing Fee: \$25.00