(Address) 700284678207 (Address) (City/State/Zip/Phone #) 04/18/16--01033--012 **30.00 PICK-UP WAIT MAIL (Business Entity Name) (Document Number) ertified Copies_ Certificates of Status

Special Instructions to Filing Officer:

Office Use Only

FILED

SECTION OF THE

4/19/1605

COVER LETTER

Division of Corpo	rations ,			
SUBJECT:	SOURGENG S	SUPPLY LLC		
	Name of Limit	SUPPLY LLC ted Liability Company		
The enclosed Articles of An	nendment and fee(s) are subn	nitted for filing.		
Please return all corresponde	ence concerning this matter to	o the following:		
	Catroff	REY DETERSON		
		Name of Person		
-	Souke	TNG SUPPLY LLC Firm/Company		
		Firm/Company		
	11523	PALMBRUSH TRAI	L, SUFTE L	.32
		Address		الأستر المراجع المراجع
	LAKEWI	OED RANCH, FL. 34	1202	SECON P
		City/State and Zip Code		* * *
	City/State and Zip Code GPETEV SON & Sourcing supply. com E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call:			16 · · · · · · · · · · · · · · · · · · ·
	E-mail address: (to	o be used for future annual report notifi	cation)	
For further information cond	cerning this matter, please ca	11:		
CEOCE PI		at (941) 753- Area Code Daytime		<u> </u>
Enclosed is a check for the t	following amount:			
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &

TO:

Registration Section

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

(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)		
The Articles of Organization for this Limited Liab Florida document numberL 5000 2 Z This amendment is submitted to amend the follow	<u>-971.</u>		
A. If amending name, enter the new name of the	benitted to amend the following: e, enter the new name of the limited liability company here: stinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." offices address, if applicable: ess MUST BE A STREET ADDRESS) didress, if applicable: Y BE A POST OFFICE BOX) e registered agent and/or registered office address on our records, enter the name of the new for the new registered office address here: W Registered Agent: GEOFF PETERSON 13 10 9 RAMBLEWOOD TRAFL Enter Florida STREET address LAKEWOOD PANCH, Florida SYZI		
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicab (Principal office address MUST BE A STREET AND ENTER OFFICE BOOK AND ADDRESS OF A POST OFFICE BOOK B. If amending the registered agent and/or registered agent and/or registered agent and/or the new registered office.	Pregistered office address on our records, enter the name of the new		
Name of New Registered Agent:			
New Registered Office Address:			
	LAKEWOOD PANCH , Florida 34211 City Zip Code		
No. Decisional Accords Signature if the mains Dec	statement & manufa		

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 or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	THE COMPANY CORPORA MAN	1 P.O. BOX 826447	
		PHILADELPHIA, PA, 19182	Remove
			Change
			Add
			Remove
			Change
			□ Add
			DRemove 0
			Change Add
			□ Remove
			Change
			Add
			☐ Remove
			Change
			Remove
			Change

If amending any oth	ıer information, ente	er change(s) here: (A	Attach additional sheets,	, if necessary.)
	•			
-				

				· · · · · · · · · · · · · · · · · · ·
		······································		
				
			• • • • • • • • • • • • • • • • • • • •	-1.0 -2
				3 7
				10 En
·				<u> </u>
				€
If an effective date is liste Note: If the date inser	ner than the date of fi ed, the date must be specific rted in this block does n date on the Department	c and cannot be prior to da not meet the applicable	ate of filing or more than 90 da	_ (optional) ays after filing.) Pursuant to 605.0207 (ents, this date will not be listed as t
ne record specifies The 90th day af	s a delayed effectiv ter the record is file	/e date, but not ar ed.	n effective time, at 12	2:01 a.m. on the earlier of:
Dated APRI	112	<u> </u>	2	
	X/2	of a member or authorized	d representative of a member	· · · · · · · · · · · · · · · · · · ·
	G	BOFF PETER Typed or printed na	25aN	

Page 3 of 3

Filing Fee: \$25.00