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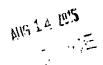
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COVER LETTER

Division of Co	rporations		
ICOH SUI SUBJECT:	PPLYING SQLUTTIONS, LLC		
MI BOILT I	Name of Lan	ited Liability Company	- Halling again deal as a sur-
The enclosed Articles of	"Amendment and fee(s) are sub	mutted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	FREURIS ROJAS		
	**************************************	Name of Person	region of the first and the second of the se
	· ICOH SUPPLYING SOLU	ITIONS, LLC	
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	- CANADA
	2045 NW 18TH STREET		
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	DELRAY BEACH, FL 33	445	
	**************************************	City/State and Zip Code	r of the case of t
	topfreu@gmail.com		
	F-mail address. (to be used for finure annual report noul	icanon)
For further information i	concerning this matter, please c	all:	7× 21
Sara Hernandez		954 496-2702	ECRE LLAH
Name	of Person	Area Code Daytime	SECRE ARY OF TALLAHOSSEE, F
Enclosed is a check for (the following amount:		E.F. ST
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy toddthanal copy is enclosed?	Certificate of Status & Certified Copy

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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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 affice 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
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