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STORETARY OF STATE

OCT 1 3 2015

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COVER LETTER

	a Supply LLC		•
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Jacob D Burkett CPA		
		Name of Person	
	Jacob D Burkett CPA PLL	С	
		Firm/Company	
	6160 Central Avenue, Suit	e 400	
		Address	
	St Petersburg, FL 33707		
		City/State and Zip Code	
	jburkett@burkettcpa.net	to be used for future annual report	notification
5 0 1 10 1			nouncation)
For further information c	oncerning this matter, please ca	au:	
Jake Burkett		727 209-0218 at ()	
Name o	f Person	Area Code Day	time Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing 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)

Registration Section
Division of Corporations

TO:

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

Mid-rionda Supply LLC	190. 6
(Name of the Limited Lia (A Fig.	ability Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number L15000146611	ty Company were filed on and assigned
This amendment is submitted to amend the following	:
_	
A. If amending name, <u>enter the new name of the l</u>	<u>limited liability company here:</u>
The new name must be distinguishable and contain 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 AD	DRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
,	
registered agent and/or the new registered office a Name of New Registered Agent:	egistered office address on our records, <u>enter the name of the no</u> address here:
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registe	ered Agent:
provisions of all statutes relative to the proper and accept the obligations of my position as registered	ent and agree to act in this capacity. I further agree to comply with to d complete performance of my duties, and I am familiar with and d agent as provided for in Chapter 605, F.S. Or, if this document is tered office address, I hereby confirm that the limited liability ge.
	If Changing Registered Agent, Signature of New Registered Agent
	The state of the s

Page 1 of 3

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
MGRM	Harrison LLC	6160 Central Avenue, Suite 400	
		St. Petersburg, FL 33707	■ Remove
			☐ Change
MGRM	F Harrison LLC	6160 Central Avenue, Suite 400	
		St. Petersburg, FL 33707	□ Remove
			□ Change
		· · · · · · · · · · · · · · · · · · ·	□ Remove
			Change
			Add
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ective	ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 da	(optional) ays after filing.) Pursuant to	605.02
n effect	the date inserted in this block does not meet the applicable statutory filing requirement	nts, this date will not be i	listed
n effect It <mark>e:</mark> If	the date inserted in this order does not meet the applicable statutory ming requirement it's effective date on the Department of State's records.		
n effect It <mark>e:</mark> If	the date inserted in this older does not meet the applicable statutory ming requirement of State's records.	, till date 1711. Hot be 1	
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