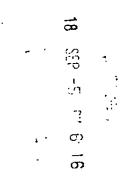
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SET ELL ZOR S. PRATHER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MGL Slobal Saply, LCC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jesus Rodaignes Esq.
Firm/Company
6850 Coral Way Fruit 305
6850 Coral Way Fruit 305 Address MISMI F1 33155 City/State and Zip Code
City/State and Zip Code
E-radil address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \(\text{Certificate of Status} \) \(\text{Certificate of Status} \

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahussee, 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

	Supply, LLC	
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	mpany as it now appears on o ted Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Comparing Florida document number <u>L1600071753</u> . This amendment is submitted to amend the following:	any were filed on4/_	/11 / 2-0/6 and assigned
A. If amending name, enter the new name of the limited li	liability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	ent voice	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8201 Per Plantation	ters Pd, Ste 1000 4 F1 33326
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	l office address on our here:	records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	eei 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
			□ Add
		□ Remove	
		Change	
			□ Add
		☐ Remove	
			☐ Change
		Add	
			☐ Remove
			□ Change
			□ Remove
			□ Change
		Remove	
			Change
			□ Remove
			☐ Change

	
	
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frective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date we ment's effective date on the Department of State's records.	Pursuant to 605.0207 (3)(b) fill not be listed as the
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. or 290th day after the record is filed.	n the earlier of:
August 21st 2018	
	('
Signature of a member or authorized representative of a member	
I - Jesus Rochiquez, esq	SP .
Typed or printed name of signee	
	1
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