

L17000070108

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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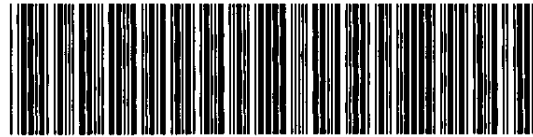
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 APR 26 A 9 36

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APR 27 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 26, 2017

SOPHIA SHALMONI
941 NW 79TH TERRACE
PLANTATION, FL 33324

SUBJECT: AL SUPPLY LLC
Ref. Number: L17000070108

We have received your document for AL SUPPLY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "LC.," "Ltd.," and "Co."

The document number of the name conflict is P00000070989.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 917A00008151

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SECRETARY OF STATE

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AL SUPPLY, LLC
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:

SOPHIA SHALMONI
Name of Person
SOGA INTERNATIONAL TRADING
Firm/Company
941 NW 79TH TERRACE
Address
PLANTATION FL 33324
City/State and Zip Code
GASTON@REALTYHUB.COM
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

SOPHIA SHALMONI at (954) 552 7515
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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)

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**

AL 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 3/28/17 and assigned Florida document number L17 0000 70108.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

INIT'L FACTORY DIRECT SUPPLY COMPANY, LLC
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 ADDRESS)

941 NW 79TH TERRACE
PLANTATION FL 33324

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

941 NW 79TH TERRACE
PLANTATION FL 33324

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 Office Address:

SOGA INTERNATIONAL TRADING LLC
941 NW 79TH TERRACE
PLANTATION, Florida 33324
Enter Florida street address
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

MGR = Manager
AMBR = Authorized Member

MGR = Manager
AMBR = Authorized Member

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 Add
 Remove
 Change
 Add
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated APRIL / 20 / 17 2017

7, 2017.



Signature of a member or authorized representative

SOPHIA SHALMONI

Filing Fee: \$25.00