

L17000076275

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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17 MAY 18 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren

MAY 19 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 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:

WAGNER N VAZ DE MELLO JR
Name of Person

SUPPLY LLC
Firm/Company

9565 S ORANGE BLOSSOM TRAIL , SUITE 4
Address

KISSIMMEE, FL 34746
City/State and Zip Code

WAGNER@W4TEC.COM.BR
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WAGNER N VAZ DE MELLO JR 321 295-4644
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

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 04/05/2017 and assigned
Florida document number L17000076275.

This amendment is submitted to amend the following:

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

SUPPLY 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)

9565 S ORANGE BLOSSOM TRAIL

SUITE 4

ORLANDO FL 32837

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9565 S ORANGE BLOSSOM TRAIL

SUITE 4

ORLANDO, FL 32837

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:

WAGNER N VAZ DE MELLO JR

New Registered Office Address:

9565 S ORANGE BLOSSOM TRAIL, SUITE 4

Enter Florida street address

ORLANDO

City

Florida 32837

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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

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APR 8 AM 9:33
CLERK OF STATE
TALLAHASSEE, FLORIDA

MGR = Manager
AMBR = Authorized Member

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: 05/02/2017 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated MAY 02 2017

Signature of a member or authorized representative of a member

Typed or printed name of signee

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17 MAY 18 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA