## 117000129536

(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #	<del>*</del> )
PICK-UP WAIT	MAIL
(Business Entity Name	<del>)</del>
(Document Number)	
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## COVER LETTER

	Registration So Division of Co			
SUBJEC		MERICAN SUPPLY LLC		
SUBJEC		Name of Lin	nited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	turn all correspo	ondence concerning this matter	to the following:	
		Nancy Betty Gonzalez		
			Name of Person	
		The Law offices of N Bett	y Gonzalez	
			Firm/Company	
•		2151 Le Jeune Road Suite	304	
_			Address	
		Coral Gables, FL 33134		
			City/State and Zip Code	
		nbetty@nbg-law.net		
		E-mail address: (	to be used for future annual report not	ification)
or furthe	r information co	oncerning this matter, please co	ali:	
Nancy Be	etty Gonzalez		305 428-4800	
	Name of	f Person	Area Code Daytin	ne Telephone Number
Enclosed i	is a check for th	e following amount:		
\$25.00	0 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

TOTAL AMERICAN 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 06/13/2017 \_\_\_\_ and assigned Florida document number \_\_L17000129536 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Enter Florida street address , Florida

## 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.

City

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

Title	<u>Name</u>	Address	Type of Action
MGR	Acosta Trujillo, Lorenzo Miguel	2700 GLADES CIRCLE	<b>B</b> Add
		SUITE 115	□ Remove
		WESTON FL33327	☐ Change
			□ Remove
			Change
<u>.</u>			
			Hemove T
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Filing Fee: \$25.00