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COVER LETTER

TO: Registration Se Division of Cor					
A&A SER SUBJECT:	VICES & SUPPLY LLC				
	Name of Limi	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	JOSE ALFONZO				
	 	Name of Person			
	BGCON GROUP LLC				
		Firm/Company			
	8180 NW 36TH ST SUITE	E 321			
		Address			
	DORAL,FL,33166				
	City/State and Zip Code JOSE@BGCONGROUP.COM E-mail address: (to be used for future annual report notification)				
For further information of	concerning this matter, please ca		,		
ADAN VASQUEZ		305 733-8419	<u> </u>		
Name (of Person	Area Code Daytime	Telephone Number		
Enclosed is a check for t	he 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

A&A SERVICE & 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 ______09-20-2017 and assigned Florida document number _L17000195586 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 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 Zip Code City 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.

Page 1 of 3

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 Type of Action <u>Title</u> <u>Name</u> <u>Address</u> ADAN VASQUEZ, JR 3131 NE 80TH ST MGR _□ Add AVENTURA,FL,33180 Remove ☐ Change _□ Add ☐ Remove _□ Change _□ Add ☐ Remove □ Change □ Add ☐ Remove ☐ Change _;; □ Add □ Remoye ☐ Change □ Add € □ Remove ☐ Change

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ective date, if other than the date of fective date is listed, the date must be	ite of filing: e specific and cannot be prior to d	ate of tiling or more than 90 days	optional) after filing.) Pursuar	nt to 605,0207 (.
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21	grandle of a member of surrouse	a representense vira manieti		- '-
ADAN VASQUEZ	99.			
	Typed or printed na	ame of signee		::"

Page 3 of 3