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TO:

Tallahassee, FL 32314

TO: Registration Division of C	Section Corporations		
U.S. Sup	pply House, LLC		
	Name of Li	mited Liability Company	
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.	
	spondence concerning this matte		
	Gregory P. Bruce		
		Name of Person	
	U.S. Supply House, LLC		
		Firm/Company	
	1100 West Ave		
		Address	
	Miami Beach, FL 33139		
	admin@wssum_lub	City/State and Zip Code	
	admin@ussupplyhouse.cor E-mail address:	n (to be used for future annual report noti	fication
For further information	concerning this matter, please c		reaction)
Bruce		305 676.6777	
Name	of Person	at ()	Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee		☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of (P.O. Box 63	Section Corporations	Street Address: Registration Sec Division of Corp The Centre of Ta	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

U.S. Supply House, LLC			
(Name of the Limited Liability Con (A Florida Limite	npany as it now appears on our record Liability Company)	rds.)	
The Articles of Organization for this Limited Liability Compa	ny were filed on April 12, 2018		and assigned
Florida document number L18000092411.			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company here:		
US Supply House, LLC (please update entity name without periods	s after U and S)		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LI.	.C" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			
			20:
			NOT THE
nter new mailing address, if applicable:		—:· >> € ;	를 <u>기</u>
Mailing address MAY BE A POST OFFICE BOX)		77.7	ωΙ
		\$ CO	3 11
		1. (2)	2
 If amending the registered agent and/or registered office gent and/or the new registered office address here: 	address on our records, enter	r the name o	of the new registe
and the new registered office address nere:			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street addre	ss	
		lorida	
	City		Zin 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 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
MGR	Athena Alford	6969 PlayPark Trail, Jacksonville, FL 32244	■Add
			□Remove
			□Change
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			□ Remove
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Effective date, if other than the date fan effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depa	specific and cannot be prior does not meet the applications.	to date of filing or more that	(optional) n 90 days after filing.) Pursuant irements, this date will not b	to 605.0207 (e listed as t
record specifies a delayed effective d d is filed.	ate, but not an effective t	ime, at 12:01 a.m. on the	earlier of: (b) The 90th day	after the
Dated June 7	2024	·		
	000	7	_	
	(b)	orized representative of a m		