L18000/l09339

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(Cit	ty/State/Zip/Phone	; #)
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SECRE TARY OF STATE DIVISION OF CORPORATIONS

N COOPER JUL 3 1 2018

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	AG Supplies	LLC	
	Name of Lim	пеа главину Company	
	Amendment and fee(s) are sub	<u>-</u>	
	Sesse	Mitchell Name of Person	
	GAG	Supplies LLC Firm/Company	
	30238 Hu	nStaunton Dr Address	
	Sorrento F	City/State and Zip Code 13000 gma; C, of to be used for fitture annual report notific	
	Green mindec E-mail address: (1	130 ga gma; C, to be used for future annual report notific	Comation)
For further information co	ncerning this matter, please co	all:	
Sesse M. Name of	tchell Person	at (386) 956- Area Code Daytime 1	7779 Telephone Number
Enclosed is a check for the	_		
\$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

GAG Supplie	es LLC	
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our record ited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L 18000 16933</u> °	pany were filed on $\frac{7/13}{1}$	18 and assigned
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 I	tinkii (2)	9 27th although 1 7 8
the new name must be distinguishable and contain the words. Limited i	Eurority Company, the designation TEC	or the abbreviation "L.T.,C.
Enter new principal offices address, if applicable:		6
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		<u> </u>
		1. COR
Enter new mailing address, if applicable:		POR S
(Mailing address MAY BE A POST OFFICE BOX)		VIIIV
		<u> </u>
		
B. If amending the registered agent and/or registered	d office address on our records	s, enter the name of the new
registered agent and/or the new registered office address	here:	· -
Name of New Registered Agent:		
New Danistanad Office Address		
New Registered Office Address:	Enter Florida street addres:	s
	. Flo	orida
	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.

Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Jesse Mitchill	30238 Hunstaunten Dr	Add
		Sorrento FL 32776	□ Remove
			Change
			Add
			☐ Remove
			Change
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