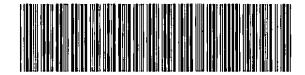
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(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)					
PICK-UP WAIT MAIL					
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SECREJARY OF STATE
DIVISION OF CORPORATIONS

N COOPER AUG 21 2018

COVER LETTER

Divi	ision of Corp	orations			
	SAT Industri	al Supplies & Solutions			
SUBJECT:	•	Name of Limi	ted Liability Company		
The enclosed	l Articles of A	amendment and fee(s) are sub-	nitted for filing.		
Please return	all correspon	dence concerning this matter	to the following:		
		Kevin Tynell			
			Name of Person		
		SAT Industrial Supplies &	Address City/State and Zip Code alsolutions, com address: (to be used for future annual report notification) please call: 352 457-1979 at (
			Firm/Company		
		405 1st Ave SE			
		••	Address		
		Lutz, FL, 33549			Daytime Telephone Number
	Firm/Company 405 1st Ave SE Address Lutz, F1_ 33549 City/State and Zip Code kevin@satindustrialsolutions.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Kevin Tyrrell 352 457-1979				
					
				ual report notifica	tion)
For further in	nformation co	ncerning this matter, please ca	ill:		
Kevin Tyrre	11				
	Name of	Person	Area Code	Daytime T	elephone Number
Enclosed is a	i check for the	e following amount:			
\$25.00 F		□ \$30.00 Filing Fee & Certificate of Status	Certified Copy		Certificate of Status & Certified Copy
		NG ADDRESS:			R ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SAT Industrial Supplies & Solutions		
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Compa Florida document number 1.18000184618	any were filed on 8/1/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited I	<u>iability company here</u> :	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDRESS	<u> </u>	DIVISIO
		등
		16
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		66 22 2
Braura duress WAT BE A LOST OF FICE BOAT		F CORPORATION
B. If amending the registered agent and/or registered registered agent and/or the new registered office address l		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<u> </u>
	, Florid	a Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:	·
		

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 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_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	SANDRA ATILES-TYRRELL	405 1st Ave SE, Lutz, FL 33549	Add
		~~··	□ Remove
		Just fix spelling - two R's in name	■ Change
MGR	SANDRA M TYRREL	NAME & SPELLING WRONG	
			■ Remove
			Change
MGR	KEVIN L TYRRELL	405 1st Ave SE, Lutz, FL 33549	Add
			□ Remove
		Just fix spelling - two R's in name	■ Change
MGR	KEVIN L TYRELL	NAME & SPELLING WRONG	
			Remove
			Change
			□ Remove
			☐ Clunge
			Add
			□ Remove
			□ Change

ffective date, if other than the date of filing: 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 Gote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be locument's effective date on the Department of State's records. The 90th day after the record is filed. AUGUST 13TH 2018		_
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		lier
	OUST 13TH 2018	
Signature of a member or authorized representative of a member		

Page 3 of 3

Filing Fee: \$25.00