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SECRETARY OF STATE

COVER LETTER

TO: Registration Division of	n Section Corporations		
	YEGAN SUPPLY SHOP LLC		
SUBJECT:			
	Name of Lin	ited Liability Company	
The enclosed Articles	s of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	YASMINN SANTOS		
		Name of Person	
	NORTHWEST REGISTS	ERED AGENT	
		Firm/Company	-
	3030 N ROCKY POINT	DR STE 150A	
		Address	
	TAMPA, FL 33607		
	YASMINNS@ICLOUD.C	City/State and Zip Code	
		to be used for future annual report notif	ication)
For further information	on concerning this matter, please c	all:	
YASMINN SANTO		305 3082808	
		at ()	
Nan	ne of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	or the following amount:		
■ \$25.00 Filing Fee	e ☐ \$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 Add Registration		Street Address:	*ion
	of Corporations	Registration Sec Division of Corr	

P.O. Box 6327 Tallahassee, FL 32314

TO:

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE VEGAN SUPPLY SHOP 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 ______AUGUST 21 2018 and assigned Florida document number ____L18000200129 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: THE SUPPLY SHOP LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." 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:

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 Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

_, Florida __

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	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
		·····	□Change
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			AS SSE
			HAR PREMOVE- CARETARY OF STATE AMUD: 37 E
			□Add
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			□Add
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			□ Change

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effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date.	(optional) ate of filing or more than 90 days after filing.) Pursua	int to 605.020
e: If the date inserted in this block does not meet the applicable ument's effective date on the Department of State's records.	e statutory filing requirements, this date will no	ot be fisted a
ord specifies a delayed effective date, but not an effective time, filed.	at 12:01 a.m. on the earlier of: (b) The 90th	day after the
MARCH 4TH 2020		
ed		
	d representative of a member	