L18000214735

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COVER LETTER

Change of a	address and Members for Storn	n Supply Depot, LLC		
CT:			, · · · · · · · · · · · · · · · · · · ·	
	Name of Lim	ited Liability Company	·	
osed Anicles of	Amendment and fee(s) are sub	mitted for filing.		\$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
turn all correspo	ondence concerning this matter	to the following:		
	Michael Wittlin			
		Name of Person		
		Firm/Company		
	10039 Harbourtown Court	• •		
		Address		
	Boca Raton, FL 33498			
	mike@stormdepot.com	City/State and Zip Code		
	E-mail address: (to be used for future annual report no	tification)	
er information c	oncerning this matter, please c	all:		
Wittlin		561 931-2890	١.	
		at ()		٠.
Name o	f Person	Area Code Dayti	me Telephone Number	
l is a check for th	he following amount:			
00 Fiting Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified Copy	
		Street Address:		
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г.U. DOX 032	. 1	ine Centre of	rananassee	
	Change of a CT: cr information of turn all correspond tis a check for the company of the compan	Name of Lim Name of Lim osed Articles of Amendment and fee(s) are substant all correspondence concerning this matter Michael Wittlin 10039 Harbourtown Court Boca Raton, FL 33498 mike@stormdepot.com E-mail address: (cer information concerning this matter, please c Wittlin Name of Person Lis a check for the following amount: 00 Filing Fee \$30.00 Filing Fee &	Change of address and Members for Storm Supply Depot, LLC CT: Name of Limited Liability Company osed Articles of Amendment and fee(s) are submitted for filing. turn all correspondence concerning this matter to the following: Michael Wittlin Name of Person Firm/Company 10039 Harbourtown Court Address Boca Raton, FL 33498 City/State and Zip Code mike@stormdepot.com E-mail address: (to be used for future annual report no er information concerning this matter, please call: Wittlin Sol 931-2890 Area Code Dayti Lis a check for the following amount: 00 Filing Fee \$\sqrt{\$50.00 \text{ Filing Fee & Certificate of Status}}\$ Certificate of Status Mailing Address: Registration Section Division of Corporations Division of Corporations	Change of address and Members for Storm Supply Depot, LLC T: Name of Limited Liability Company osed Articles of Amendment and fee(s) are submitted for filing. aum all correspondence concerning this matter to the following: Michael Wittlin Name of Person Firm/Company 10039 Harbourtown Court Address Boca Raton, FL 33498 City/State and Zip Code mike@stormdepot.com E-mail address: (to be used for future annual report notification) or information concerning this matter, please call: Wittlin Sol 931-2890 alt (

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Storm Supply Depot, LLC		
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.18000214735	were filed on 9/10/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2410 NW 16th Lane	
Principal office address MUST BE A STREET ADDRESS)	Pompano Beach, FL 33064	
Enter new mailing address, if applicable:	2410 NW 16th Lane	
Mailing address MAY BE A POST OFFICE BOX)	Pompano Beach, FL 33064	'
		.;
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	nddress on our records, <u>enter the r</u>	name of the new registe
Name of Name Domintored Apparts		
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida street address	
	, Florida	
	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.

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>	<u>Address</u>	Type of Action
mgr	Michael Wittlin	19176 Chapel Creek Drive	
			□ Add
		Boca Raton, FL 33434	
			■Remove
		2410 NW 16th Lane	
			□Change
mgr	George Palmer	Pompano Beach, FL 33064	
			= Add
			Петюve
			□Change
			□ Add
			iRemove
			• :
			Change
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			□ Add
			□Remove
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			□Remove
			□Change

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Effective data if when they the date of filling.	(4iI)
Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing of	
Note: If the date inserted in this block does not meet the applicable statutory fi document's effective date on the Department of State's records.	ling requirements, this date will not be listed as
e record specifies a delayed effective date, but not an effective time, at 12:01 a.r rd is filed.	m, on the earlier of: (b) The 90th day after the
June 15 2023	
Dated	
Signature of a member or authorized representat	ive of a member

Typed or printed name of signee