118000237249

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

	SUPPLY LLC		
	Name of Li	mited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are su	abmitted for filing	
	oondence concerning this matte		
	Nahome Teshome		
		Name of Person	
		Firm/Company	
	14649 Lake Forest Dr		
		Address	
	Lutz, FL 33559-3299		
		City/State and Zip Code	
	beemersupply@gmail.com		
		(to be used for future annual report not	ification)
For further information of	concerning this matter, please o	all:	
Nahome Teshome		813 379-5050	
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$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 Addres	<u>s:</u>	<u>Street Address:</u>	
Registration S	Section	Registration Sec	ction
Division of C P.O. Box 632		Division of Cor	porations
T.U. DOX 032	/	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

BIMMEK	SOPPLY	LLC

(Name of the Lin	ited Liability Com (A Florida Limited	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Florida document number L18000237249	Liability Compan	ny were filed on 10/08/2018	and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited lia	bility company here:	•
The new name must be distinguishable and contain the	words "Limited Liab	pility Company," the designation "LLC" or	the abbreviation "L. C."
Enter new principal offices address, if appli			<u> </u>
(Principal office address MUST BE A STRE			030 T
			. C :::=
Enter new mailing address, if applicable:			A IV
(Mailing address MAY BE A POST OFFICE	BOX)	19090 Bruce B Downs Blvd	- 2 - 2
		Tampa, FL 33647	
B. If amending the registered agent and/or agent and/or the new registered office address	registered office ss here: Nahome Tesho		name of the new registered
New Registered Office Address:	19090 Bruce B	Downs Blvd	
		Enter Florida street address	
	Tampa	, Florida	a 33647
New Registered Agent's Simon 19		City	Zip Code
New Registered Agent's Signature, if changing I	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

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	Nahome Teshome	14649 Lake Forest Dr	
		Lutz, FL 33559-3299	
MGR	Vadim Beznes		
		1231 Lornewood Dr	□ Add
		Valrico, FL 33596	■Remove
			□Change
			□Add
			□Remove
			□Add
			ПRетоve
			Change
 -			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change

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ote: If the date inser	er than the date of filing, the date must be specific and ed in this block does not nate on the Department of S	neet the applicable	te of filing or more than statutory filing requi	(optional) 90 days after filing.) Pursu rements, this date will no	ant to 605.020 of be listed a
ecord specifies a del is filed.	iyed effective date, but not	an effective time,	at 12:01 a.m. on the o	earlier of: (b) The 90th	day after the
ited	N/A/A.O.	, 1:00pm			
	Signature of a	member or authorize	d representative of a me	mber	