L18000237249

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

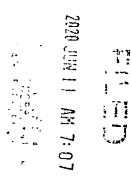




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06/11/20=-81007---006 *+25.60

S. YOUNG



COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Sec Division of Corp			
3.1.D. ID OU!	UPPLY LLC		
SUBJECT:	Name of Limit	ted Liability Company	
The enclosed Articles of a	Amendment and fee(s) are subr	nitted for tiling.	
	ndence concerning this matter (
	Vadim Beznes		
		Name of Person	
		Firm/Company	
	1231 Lornewood Dr		
	Valrico FL 33596	Address	
	vbeznes@Gmail.com E-mail address: (t	City/State and Zip Code	
For further information c	oncerning this matter, please er	all:	
Vadim Beznes		813 766-1530 at ()	
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	ne 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	Section	Street Address: Registration Sec	
Division of C P.O. Box 631		Division of Cor The Centre of T	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>ered</u>
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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

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
MGR	Vadim Beznes	1231 Lornewood DR	□Add
		Valrico FL 33596	
			□Add
			□Remove
			□Change
			□Remove
			Change
			Remove
			□Add
			□Remove
			□Change
	···	***	□ Add
			□Remove
			□Change

	-		# *
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		····	
			**
			
ffective date if other than the	date of filing: be specific and cannot be prior to bek does not meet the applical	date of filing or more than 90 of the statutory filing requirem	_ (optional) lays after filing.) Pursuant to 605.020 ents, this date will not be listed a
tote: If the date inserted in this blo			
Note: If the date inserted in this blo ocument's effective date on the De record specifies a delayed effective	partment of State's records.	ne, at 12:01 a.m. on the earli	er of: (b) The 90th day after the
Note: If the date inserted in this bloocument's effective date on the Decement's effective date on the Decement's effective date of specifies a delayed effective d is filed.	partment of State's records.	ne, at 12:01 a.m. on the earli	er of: (b) The 90th day after the
Note: If the date inserted in this blo ocument's effective date on the De record specifies a delayed effective I is filed.	partment of State's records. date, but not an effective tim	ne, at 12:01 a.m. on the earli	er of: (b) The 90th day after the
Note: If the date inserted in this blo ocument's effective date on the De record specifies a delayed effective d is filed.	epartment of State's records. e date, but not an effective tim I PM	ne, at 12:01 a.m. on the earli	

Filing Fee: \$25.00