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COVER LETTER

TO:

Registration Section

P.O. Box 6327 Tallahassee, FL 32314

Div	ision of Corporations	•	
eublicat.	VISION INDUSTRIAL SUPPLY LLC		
SUBJECT:	Name of	Limited Liability Company	
The enclosed	I Articles of Amendment and fee(s) are	submitted for filing.	
Please return	all correspondence concerning this ma	tter to the following:	
	DONALD LINA		
	VISION INDUSTRIAL	Name of Person L SUPPLY	
	17694CROOKED OAI	Firm/Company K AVE	
	BOCA RATON FL 33	Address 487	
	DONLINAJ@LIVE.CO	City/State and Zip Code	
		ss: (to be used for future annual report notification)	
For further in	nformation concerning this matter, pleas	se call:	
DONALD L	INA	561 757 0398 at ()	
	Name of Person	Area Code Daytime Telephon	e Number
Enclosed is a ■ \$25.00 F	a check for the following amount: Filing Fee	Certified Copy (additional copy is enclosed)	660.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	MAILING ADDRESS: Registration Section Division of Corporations	STREET/COURIER ADD Registration Section Division of Corporations	RESS:

Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VISION INDUSTRIAL SUPPLY LLC

company has been notified in writing of this change.

2019 MAR 25 P 3 18

(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears and Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Comp. Florida document number L18000278051	pany were filed on $\frac{12/0}{1}$	JALLAHASSEE, FLORIDA 3/2018 and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here	<u>:</u> :
UNITED INDUSTRIAL SUPPLY LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	5)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		our records, <u>enter the name of the nev</u>
Name of New Registered Agent:	A. A. Salan and A.	
New Registered Office Address:		
	Enter Florid	a street address
		, Florida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Ag	<u>ent:</u>	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of	lete performance of m as provided for in Ch	y duties, and I am familiar with and apter 605, F.S. Or, if this document is

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	HUASCAR MENDOZA	17694 CROOKED OAK AVE	
		BOCA RATON FL 33487	Add
			■ Remove
	DONALD LINA	17694 CROOKED OAKAVE	Change
MGR			∃ Add
		BOCA RATON 33487	
			Remove
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Note	ctive date, if other than the dat effective date is fisted, the date must be a error of the date inserted in this block of iment's effective date on the Depar	does not meet the app	plicable statutory filing i	(optional) than 90 days after filing.) Pursua equirements, this date will no	nt to 605,0207 (t be listed as tl
	ecord specifies a delayed eff ne 90th day after the record		not an effective tin	ne, at 12:01 a.m. on the	earlier of:
Doto	03/13/2019	.//			
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00