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PICK-UP	WAIT	MAIL
		
		
(Bu:	siness Entity Name)
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Certified Copies	_ Certificates o	f Status
		
Special Instructions to	Filing Officer:	
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COVER LETTER

TO:	Registration Division of C	i Section Corporations				
61111111	_	orhood Supply LLC				
SUBJE		Name of Limited Liability Company				
The encl	losed Articles	s of Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn all corre	espondence concerning this matter	to the following:			
		Jamsleey Rock				
	Name of Person					
			Firm/Company			
		420 E Church St #665				
			Address			
		Orlando, Florida, 33592				
		City/State and Zip Code neighborhoodsupply.biz@gmail.com				
		E-mail address: (to be used for future annual report notification)				
For furtl	ner informatio	on concerning this matter, please ca	all:			
Jamsleey Rock		813 900-134				
	Nar	ne of Person	at () Area Code Da	ytime Telephone Number		
Enclose	d is a check fo	or the following amount:				
■ \$25	.00 Filing Fee	e S30.00 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	dress:	Street Address	<u>s:</u> Continu		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

1 15 1- 2 2 2

NEIGHBORHOOD SUPPLY LLC	: :J	T
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our inted Liability Company)	records.)
ne Articles of Organization for this Limited Liability Comp	oany were filed on	and assigned
orida document number		
is amendment is submitted to amend the following:		
If amending name, enter the new name of the limited	liability company here:	
e new name must be distinguishable and contain the words "Limited	Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
<u>rincipal office address MUST BE A STREET ADDRES:</u>	<u> </u>	
nter new mailing address, if applicable:		
Tailing address MAY BE A POST OFFICE BOX)		
If amending the registered agent and/or registered of	fice address on our records, g	enter the name of the new registe
ent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
	Circ	, Florida

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. Thereby 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 6: 20Type of Action
AMBR	JAMSLEEY ROCK	9711 TRONCAIS CIRCLE, 33592 THONOTOSASSA ■ Add
		□Remove
		□Change
		□Remove
		□Change
		□Remove
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