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COVER LETTER

TO:

Registration Section

Division of Cor	rporations			
	EN SUPPLIES LLC	•		
SUBJECT:	Name of Lin	nited Liability Company	,	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	JULIO F IRAOLA			
		Name of Person		
	BIO-GREEN SUPPLIES	Name of Person UPPLIES LLC Firm/Company FH STREET CIR N Address 186 City/State and Zip Code		
		Firm/Company		
	13420 SW 108TH STREE	T CIR N		
		Address	 	
	MIAMI, FL 33186			
		City/State and Zip Code		
	biogreensupplies@gmail.co			
	E-mail address: (to be used for future annual report no	tification)	
For further information c	oncerning this matter, please c	all:		
JULIO F IRAOLA		305 9862526 at ()		
Name o	f Person	Area Code Daytir	ne 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 Registration S		Street Address: Registration Se	ection	
Division of C	orporations	Division of Co	Division of Corporations .	
P.O. Box 632 Tallahassee, I		The Centre of '	Tallahassee oe Street, Suite 810	
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BIO-GREEN SUPPLIES LLC

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(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on ____ 2020 and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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
AMBR	JULIO F IRAOLA	13420 SW 108TH STREET CIR N, MIAMI FL 33186	
			_ 🗆 Remove
			_ ■Change
AMBR	RUTH E IRAOLA	13420 SW 108TH STREET CIR N, MIAMI FL 33186	; _□Add
			_ □Remove
			_ = Change
			_□Add
		Remove	
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