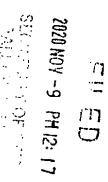
120000260821

| (Requestor's Name) |
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| (Address) |
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| (Address) |
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| (City/State/Zip/Phone #) |
| (Cityle Lates 12, p. 1. Hollo II) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only

LA 11/2/20

COVER LETTER

| TO: Registration Division of C | | | | |
|---|--|---|--|--|
| SUPPLY | LOGICS LLC | | | |
| SUBJECT: | Name of Lin | nited Liability Company | _ | |
| | | | | |
| | of Amendment and fee(s) are sub | Ť | | |
| Please return all corres | pondence concerning this matter | to the following: | | |
| | JOSE J BARTOLOME SI | LVA | | |
| | | Name of Person | | |
| | SUPPLY LOGICS LLC | | | |
| | | Firm/Company | | |
| | 3050 DYER BLVD STE | 1124 | | |
| | | Address | | |
| | KISSIMMEE FL 34741 | | | |
| | | City/State and Zip Code | | |
| | JOSEJBART@GMAIL.CO | M to be used for future annual report no | rification) | |
| For further information | concerning this matter, please c | · | (meanon) | |
| JOSE J BARTOLOME | SILVA | 407 846-4810 | | |
| Name | of Person | at () Area Code Daytir | ne Telephone Number | |
| Paulandia a last p | a cal | | | |
| Enclosed is a check for | _ | | | |
| ■ \$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 Address: | | Street Address: | | |
| Registration Section Division of Corporations | | Registration Se | | |
| P.O. Box 6327 | | | Division of Corporations The Centre of Tallahassee | |

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| SUPPLY LOGICS LLC | | | |
|--|--|---|----------------------------|
| (Name of the Limited | 1 Liability Compa A Florida Linuted 1 | any as it now appears on our records, Liability Company) |) |
| The Articles of Organization for this Limited Lia Florida document number L20000260821 | bility Company | were filed on 08/27/2020 | and assigned |
| his amendment is submitted to amend the follow | wing: | | |
| a. If amending name, enter the new name of t | the limited liab | ility company here: | |
| he new name must be distinguishable and contain the wo | rds "Limited Liabi | lity Company " the designation "LLC" | or the abbreviation "LLC" |
| nter new principal offices address, if applica | | 3050 DYER BLVD STE #124 | 020 1 |
| Principal office address MUST BE A STREET ADDRESS) | | KISSIMMEE FL 34741 | 0 1 |
| | | | 9 |
| Enter new mailing address, if applicable: | | 3050 DYER BLVD STE #124 | PH IZ: |
| Mailing address MAY BE A POST OFFICE BOX) | | KISSIMMEE FL 34741 | |
| | | | - |
| 3. If amending the registered agent and/or reg | gistered office a here: | address on our records, <u>enter tl</u> | ne name of the new registo |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | 3050 DYER BL | _VD STE #124 | |
| - | | Enter Florida street address | |
| | KISSIMMEE | | ida ³⁴⁷⁴¹ |
| | | City | Zip Code |

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 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> | Name | Address | Type of Action |
|---------------|----------------|------------------------|----------------|
| AMBR | SAMUEL E PEREZ | 3050 DYER BLVD STE#124 | ≣Add |
| | | KISSIMMEE FL 34741 | □Remove |
| | | | □Change |
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| Effective date, if other than the date of filing: (If un effective date is listed, the date must be specific and cannot be prize to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as it document's effective date on the Department of State's records. the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the cord is filed. Dated NOVEMBER 4. 2020 Signature of a member or authorized representative of a member JOSE J BARTOLOME SILVA | - | |
|--|---------------------------|--|
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as it document's effective date on the Department of State's records. the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the cord is filed. Dated NOVEMBER 4, 2020 Signature of a member or authorized representative of a member | _ | |
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| Dated NOVEMBER 4, 2020 Dated Date Data Data Data Signature of a member or authorized representative of a member | Note: | If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the |
| Signature of a member or authorized representative of a member | the record cord is fil | d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed. |
| Signature of a member or authorized representative of a member | Dated | NOVEMBER 4, 2020 |
| JOSE J BARTOLOME SILVA | | |
| Typed or printed name of signee | | |

Filing Fee: \$25.00