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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Annual Report / Reinstatement Cert. Copy Photo Copy Certificate of Good Standing Certificate of Fictitious Name Corp Record Search Officer Search Fictitious Search Fictitious Owner Search Vehicle Search Driving Record Requested by: UCC 1 or 3 File UCC 11 Search UCC 11 Search			<u></u>		
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Name Date Time UCC II Retrieval					UCC 11 Search
	Name	Date	Time		UCC 11 Retrieval
Walk-In Will Pick Up Courier		Will Pick Up			Courier

COVER LETTER

TO:

TO: Registration Se Division of Cor			
	SUPPLY, LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Russell Ingram		
		Name of Person	
		Firm/Company	
	2101 Maplewood Drive		
	Greenacres, FL 33415	Address	
		City/State and Zip Code	
	dringram91@gmail.com E-mail address: (to be used for future annual report no	otification)
For further information c	oncerning this matter, please co		
Russell Ingram		954 2340460 at ()	
Name o	f Person	Area Code Dayt	ime Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	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 Address Registration 5		<u>Street Address:</u> Registration S	Section
Division of C		Division of C	
P.O. Box 632	27	The Centre of	
Tallahassee,	FL 32314	2415 N. Mon	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address:	registered office address on our records, enter the I	
B. If amending the registered agent and/or agent and/or the new registered office addroses. Name of New Registered Agent:	registered office address on our records, enter the ress here: RODRIGUEZ NUNEZ, JANDY 1495 Forest Hill Blvd #C1	
B. If amending the registered agent and/or agent and/or the new registered office addroses. Name of New Registered Agent:	registered office address on our records, enter the ress here: RODRIGUEZ NUNEZ, JANDY	
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		name of the new regis
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Mailing address MAY BE A POST OFFICE	<u> </u>	
Enter new mailing address, if applicable:		
Principal office address MUST BE A STRE.	ET ADDRESS)	
inter new principal offices address, if appli	icable:	
he new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
s. It amending name, enter the new hame o	or the minicu hability company here.	
A. If amending name, enter the new name of	_	
This amendment is submitted to amend the fol	lowing:	
Torida document number L20000277507		
	Liability Company were filed on 09/04/2020	and assigned
he Articles of Organization for this Limited L	- 00/04/2020	
he Articles of Organization for this Limited L	(A Florida Limited Liability Company) (A Florida Limited Liability Company)	

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.

Jandy Nunsz Rodrigusz

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>	Name	Address	Type of Action
MGR	INGRAM, RUSSELL, III	4104 41st Way	
		West Palm Beach, FL	■Remove
		33407	□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
		· 	□Change
			DAdd
			□Remove
			□ Change
			🗀 Add
			□ Remove
			□Change
			□Add
			Remove
			Change

ffective date, if other than the date of filing:						
an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 lote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed occument's effective date on the Department of State's records. 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 d is filed. December 22 2020						
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Signature of a member or anthorized representative of a member		Ocadus	Lucas Pa	Linua		
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		Erramo Ar n Institut A				
		Typed or	r printed name of	signee	_	

Filing Fee: \$25.00