

L20 000 362 156

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

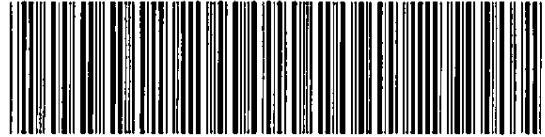
(Document Number)

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2023 SEP 20 AM 9:14

CLERK OF DISTRICT COURT

Handwritten signature/initials

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SRQ SANITARY SUPPLY LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JEFF MOORE

Name of Person

SRQ SANITARY SUPPLY LLC

Firm/Company

4204 PLACID DR

Address

SARASOTA FL 34243

City/State and Zip Code

HEFFER.MOORE@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JEFF MOORE

231 343-8918

Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|---|--|--|

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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

SRQ SANITARY SUPPLY LLC

(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 11/13/2020 and assigned
Florida document number L20000362156

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SRQ SUPPLY GROUP LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

6791 WHITFIELD INDUSTRIAL AVE UNIT D

SARASOTA FL, 34243

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6791 WHITFIELD INDUSTRIAL AVE UNIT D

SARASOTA FL, 34243

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:

JEFF MOORE

New Registered Office Address:

6791 WHITFIELD INDUSTRIAL AVE UNIT D

Enter Florida street address

SARASOTA

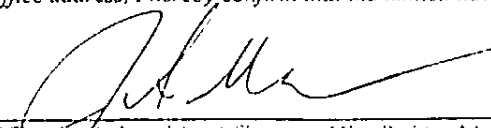
Florida 34243

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.


Jeff Moore
If Changing Registered Agent, Signature of New Registered Agent


MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
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(If 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 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated AUGUST 7 2023


Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00