K21000153327

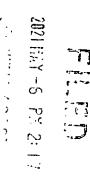
| (Req | uestor's Name) | |
|----------------------------|----------------|-------------|
| (Addı | ress) | |
| (Addi | ress) | |
| (City/ | State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Busi | ness Entity Na | me) |
| (Doc | ument Number) |) |
| Certified Copies | Certificate | s of Status |
| Special Instructions to Fi | iling Officer: | |
| | | |
| | | |
| | | |

Office Use Only



000364362850

95/06/21-+01010--028 ******88.00



COVER LETTER

TO:

Registration Section

| Div | ision of Cor | porations | ** | | |
|----------------|---------------|--|---|---------------------|----------------|
| 01115111777 | Working Si | marter Industrial & Construction | on Supply LLC | , | |
| SUBJECT: | | Name of Lim | aited Liability Company | | |
| The enclosed | l Articles of | Amendment and fee(s) are sub | mitted for filing. | | |
| Please return | all correspo | ndence concerning this matter | to the following: | | |
| | | Tom Morris | | | |
| | | | Name of Person | | |
| | | | | <u> </u> | 202 |
| | | 2700 M. C | Firm/Company | | 2021 1167 - 6 |
| | | 2709 Via Cipriani Unit 52 | Address | | . 6 |
| | | Clearwater, FL 33764 | | | 10 13 13 |
| | | thomas.h.morris@gmail.co | City/State and Zip Code | | |
| | | | to be used for future annual report not | ification) | |
| For further in | iformation c | oncerning this matter, please c | all: | | |
| Tom Morris | _ | | 203 326-0894 at () Area Code Daytin | | |
| | Name o | f Person | Area Code Daytin | ie Telephone Number | |
| Enclosed is a | echeck for th | ne following amount: | | | |
| \$25,00 1 | Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified (| e of Status & |
| | iling Addres | | <u>Street Address:</u> Registration Se | ection | |
| | | orporations | Division of Co | | |
| |). Box 632 | • | The Centre of [| Fallahassee | |
| Tal | lahassee. I | FL 32314 | 2415 N. Monro | e Street, Suite 81 | 0 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (<u>Name of the Limited Liability Co</u> (A Florida Lim | mpany as it now appears on our records.) ited Liability Company) | 1 |
|--|---|-----------------------------|
| The Articles of Organization for this Limited Liability Comp | any were filed on April 2, 2021 | and assigned |
| Florida document number L21000153327 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited | liability company here: | |
| Hugh Industrial Supply LLC | | |
| he new name must be distinguishable and contain the words "Limited I | liability Company," the designation "LLC" of | r the abbreviation "L,L,C." |
| Enter new principal offices address, if applicable: | | [2] |
| Principal office address MUST BE A STREET ADDRESS | 5) | |
| | | |
| Enter new mailing address, if applicable: | | ., |
| Mailing address MAY BE A POST OFFICE BOX) | | · |
| | | <u>.</u> |
| If amending the registered agent and/or registered off gent and/or the new registered office address here: | ice address on our records, <u>enter th</u> | e name of the new registe |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | . Flori | ida |
| | 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 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 = M $AMBR = A$ | lanager Authorized Member | | |
|--------------------|------------------------------|---------|----------------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| | | | _ □Add |
| | | | _ □Remove |
| | | | _ 🗆 Change |
| | | | _ □Add |
| | | | 200 Remove |
| | | | _ DChange |
| | | · | _ DAdd |
| | | | _ : _ □Remove |
| | | | _ □Change |
| | | | _ □Add |
| | | | _ 🗆 Remove |
| | | | _ DChange |
| | | | _ □Add |
| | | | _ □Remove |
| | | | _ □Change |
| | | | _ □Add |

| | | <u>-</u> | |
|---|--|---|--|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | . 202 |
| | <u>. </u> | | 12.5 12.5 |
| | | . <u>.</u> . | 5 |
| | | | -0 |
| | | -1423 | |
| | | | |
| | · <u>·</u> | •- | |
| | _ | | |
| | | | |
| | | | |
| | | | |
| | | | |
| fective date, if other than the n effective date is listed, the date must stee: If the date inserted in this blocument's effective date on the Document | ock does not meet the applicabl | date of filing or more than 90 de statutory filing requirem | (optional) days after filing.) Pursuant to 605,02 ents, this date will not be listed |
| ecord specifies a delayed effectiv is filed. | e date, but not an effective time | e, at 12:01 a.m. on the earli | er of: (b) The 90th day after the |
| | 2021 | | |
| May 2 ted | . 2021 | • | |
| ted May 2 | 2021 | | |

Filing Fee: \$25.00