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SECRETARY OF STATE
TALL LARGE SEF FI

A. BUTLER FEB 2 8 2022

COVER LETTER

TO: Registration Sc Division of Cor				
	TOOL SUPPLY LLC	•	•	•
SUBJECT: 3	' Name of Lim	ited Liability Company	• • •	_
	Amendment and fee(s) are sub			
	JOSHUA KARP			
		Name of Person		
		Firm/Company		
	19652 BISCAYNE BAY I	OR		
		Address		
	BOCA RATON, FL 33498	3		
		City/State and Zip Code		
	jkstrategiesine@gmail.com			
		to be used for future annual repo	ert notification)	
For further information c	oncerning this matter, please ca	all:		
JOSHUA KARP		516 732-9: at ()	198	
Name o	f Person		Daytime Telephone Num	ber
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 enclose	Certif d) Certif	Filing Fee, leate of Status & led Copy lonal copy is enclosed)
Mailing Addres Registration S		<u>Street Addr</u> Registratie		
Division of C			f Corporations	

P.O. Box 6327 Tallahassee, FL 32314 The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

FLORIDA TOOL SUPPLY LLC

2022 FEB 14 PM 1: 26

L SUPPLY LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLARASSEE, FL The Articles of Organization for this Limited Liability Company were filed on $\frac{4/21/2021}{2}$ and assigned Florida document number 1.21000171777 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: JOSH K ADVERTISING LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 19652 BISCAYNE BAY DR Enter new principal offices address, if applicable: BOCA RATON, FL 33498 (Principal office address MUST BE A STREET ADDRESS) 19652 BISCAYNE BAY DR Enter new mailing address, if applicable: BOCA RATON, FL 33498 (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 _, Florida __ City 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>	<u>Name</u>	Address	Type of Action
			□Remove
			□Change
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			□Change
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			□Remove
			□Change

		
		
		
Effective date, if other than the date of the date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	e specific and cannot be prior to date of filing or more than 90 days after filing.) Pursu It does not meet the applicable statutory filing requirements, this date will n	ant to 605.0207 (tot be listed as t
e record specifies a delayed effective d rd is filed.	ate, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th	day after the
Dated FEBRUARY 9TH	2022	
	Alla V.	
	gnature of a member or authorized representative of a member	
JOSHUA KARP		
	Typed or printed name of signee	