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Page: 26f5 2003-91-70.21:39 20 SMT Givision of Componations Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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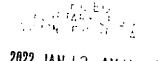
Corporate Filing Menu

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2022 JAN 12 AM 11: 27

UNLIMITED SUPPLY GROUP,	•		
(avame of me Lam	(A Florida Limited Liability	now appears on our records Company)	<u>r'</u>)
The Articles of Organization for this Limited I Florida document number L21000309494		filed on <u>07/06/2021</u>	and assigned
This amendment is submitted to amend the fol			
A. If amending name, enter the new name	of the limited liability co	ompany here:	
The new name must be distinguishable and contain the	words "Limited Liability Corr	ipany," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE			
B. If amending the registered agent and/or ngent and/or the new registered office addre		s on our records, <u>enter t</u>	the name of the new regis
Name of New Registered Agent:	HECTOR CASTELLO	ON .	
New Registered Office Address:	7750 SW 117 AVE SU		
		Enter Florida street address	
	MIAMI	Flo	rida <u>33183</u>
	Cu	<u>l</u> y	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

To.

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.

/s/ Hector Castellon
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

To:

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	LINA MAAZ	7750 SW 117 AVE SUFFE 205	
		MIAMI, FL 33183	■Remove
			TChange
AMBR	LINA MAAZ	7750 SW 117 AVE SUITE 205	□Add
		MIAMI, FL 33183	■Remove
			□Change
AMBR	HECTOR CASTELLON	7750 SW 117 AVE SUITE 205	= Add
		MIAMI, FL 33183	Remove
			□Change
			□Add
			Remove
			□Change
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			□Remove
			□Change

To:

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amending any other info	mation, enter change(s) here: (Attach add)	itional sheets. if necessary, 2022 JAN 12 AM
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ote: If the date inserted in thi	the date of filing: must be specific and cannot be prior to date of filing or s block does not meet the applicable statutory fil e Department of State's records.	(optional) rinore than 50 days after filing.) Pursuant to 605.0207 (3)(b) ling requirements, this date will not be listed as the
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01/12	, 2023	
/s/ Line	Maaz Signature of a member or authorized representati	ive of a member
	привыс и постое и виниры перемини	The second secon
LINA MAAZ	Typed or printed name of signee	