## 

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
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09/20/21--01011--003 \*\*25.00

## **COVER LETTER**

TO: Registration Se Division of Cor			-
	DLS AND SUPPLIES LLC		36
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	LOVETTE DOBSON		
		Name of Person	
		Firm/Company	
	17350 STATE HWY 249	STE 220	
		Address	
	HOUSTON, TX 77064		
		City/State and Zip Code	<del></del>
	EFILE1234@INCFILE.CO	M to be used for future annual report notification)	<del></del>
For further information c	oncerning this matter, please c		
LOVETTE DOBSON		888 462-3453	
Name o	f Person	Area Code Daytime Teleph	one Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 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 Addres Registration S		Street Address: Registration Section	
Division of C		Division of Corporation	ons
P.O. Box 632 Tallahassee J		The Centre of Tallaha	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

E & A TOOLS AND SUPPLIES LLC

(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L21000324977}{L21000324977}$ .	were filed on 07/16/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<del></del>
	<del></del>	
Enter new mailing address, if applicable:		<del></del> _
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a	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	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		C.,
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as public to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am foorovided for in Chapter 605, F.S. Or, i	nmiliar with and f this document is

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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	ALYSSA KEARNS	105 COTTAGE GREEN PL	□Add
		SAINT AUGUSTINE, FL 32092	■Remove
			□Change
	<del></del>		□Add
			□Remove
			□Change
			□ Add
			□ Remove
			□Change
<del></del> .			□Add
			□Remove
			□ Change
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Note: If the o	te, if other than the ate is listed, the date mu late inserted in this b ffective date on the E	lock does not m	eet the applicab	date of filing or mo le statutory filing	re than 90 days afte requirements, th	ional) r filing.) Pursuant to 60 is date will not be lis	5.0207 (3 ted as th
he record speci- ord is filed.	fies a delayed effectiv	ve date, but not	an effective time	e, at 12:01 a.m. o	n the earlier of: (	b) The 90th day aft	er the
Dated SEPTE	MBER 16	,	2021	.•			
	6	Signature of a m	2ama lember or authoriz	red representative c	of a member		
ER	IC KEARNS						
			Typed or printed:	name of signee	<u></u>		