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T. MATTHEWS

FEB 2 2 2022

COVER LETTER

TO:

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elib licer.	L Ampeirance	Sinoly Har	
SUBJECT:	Name of Lim	ited Liability Company	
		•	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	andonce concerning this matter	to the following:	
rease return an contespo	indence evacething this matter	with tollowing.	
	Itlosuany	flontesde la torr	<u>e</u>
	BJECT: 1 Americana Supply He Name of Limited Liability Company renclosed Articles of Amendment and feets) are submitted for filing. assereturn all correspondence concerning this matter to the following: THOSUANY Flontesde la torre Name of Person Firmer ompany 4282 Supplementation of Person Firmer ompany 4282 Supplementation of Person Firmer ompany 4283 Supplementation of Person Firmer ompany 4284 Supplementation of Person further information concerning this matter, please call: Name of Person Pagatine Telephone Number Placed is a check for the following amount:		
		Americana Sipply Harmonian Sipply Harmonian Sipply Harmonian Sipply Harmonian Sipply Harmonian Sipply	
		FirmrCompany	
	11227 0. 3		Tompany Company Company Code Ct dress 34431 and Zip Code Code Daytime Telephone Number Daytime Telephone Number Cortificate of Stants & Certified Copy (additional copy is enclosed) Street Address: Registration Section Division of Corporations The Centre of Tallahassee
	4202 500	Address	
	Name of Finited Liability Fortgamy and Articles of Amendment and fee(s) are submitted for filing. It all correspondence concerning this matter to the following: It all correspondence concerning this matter to the following: It all correspondence concerning this matter to the following: It all correspondence concerning this matter to the following: It all correspondence concerning this matter. Please call: Name of Person It all correspondence concerning this matter. Please call: Name of Person Area Code Daytime Telephone Number So a check for the following amount: OF thing Fee Certificate of Status Certificate of Status & Certificate of Status & Certificate of Status & Certified Copy additional copy is enclosed.		
	Dunnellon,	II 34431	
	1	City/State and Zip Code	
	e Callego 9002	B G Mail (000).	ication)
For further information c			
	the straining time training, present to	••••	
		at ()	
Name o	d Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Maritima Andrian		Name Addition	
			tion
Division of C	lorporations	Division of Corp	porations
Tallahassec,	FL 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1 america	ne Supply LLC. 22 FEB 11 Pil 3:25
(Assume of the Limpled)	Liability Company as it now appears on our records.) Florida Lunited Liability Company)
The Articles of Organization for this Limited Lial	oility Company were filed on Bep 17,2021 and assigned
Florida document number <u>LZ1000412153</u>	
This amendment is submitted to amend the follow	ring:
A. If amending name, enter the new name of t	he limited liability company here:
The new name must be distinguishable and contain the work	Is "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:
(Principal office address MUST BE A STREET	ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	2X)
D. Le.	
B. If amending the registered agent and/or registered office address I agent and/or the new registered office address I	istered office address on our records, <u>enter the name of the new registere</u> nere:
Name of New Registered Agent:	I Hosvony Hontes de la torre
New Registered Office Address:	HOSVOGY FUNCTES OF 19 4016 4782 SW Clearwater Ct. Enter Florida street address Dunnellon Florida 34431 City Tip Code
_	Dunnellon Florida 34431
	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 = Manager

AMBR = Authorized Member

Title	Name	Address	Type of Action
H62	ILHOSVany Montes de la torre	4/292 SLU Cleoewatere Ct.	— jkjvadi
			□Change
			□Add
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			□Remove
		<u></u>	□Change

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an e Note	tive date, if other than the date of filing:
he reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Dated	1 January 19 2022
	Signature of a member or authorized representative of a member
	THOSUANY MONTES de la FOYTE Typed or printed name of signee