Florida Department of State

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(((H230003813573)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GONZALEZ & ASSOCIATES III PA

Account Number : I20190000077

: (954)773-7286

Fax Number

: (954)526-8825

###Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SUPPLY ALL INTL LLC

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COVER LETTER

	istration Se sion of Cor			
eim meene.		ALL INTL LLC		
SUBJECT:		Name of Lim	ited Liability Company	·
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Picase return	ail correspo	ndence concerning this matter	to the following:	
		ANTONIO GONZALEZ (CPA	
			Name of Person	
		GONZALEZ & ASSOCIA	TES III PA	
			Firm/Company	
		1820 N CORPORATE LA	KE BLVD STE 107	
			Address	
		WESTON, FL 33326		
			City/State and Zip Code	
		agonzalez@gacpafl.com		
F., 2., 4., :.	£		to be used for future annual report no	uncanol)
		oncerning this matter, please o		
ANTONIO			954 773-7286 at () Area Code Daytin	
	Name of	f Person	Area Code Daytii	ne Telephone Number
Enclosed is a	check for th	ne following amount:		
≡ \$25.00 F	iling 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)
Reg Div P.O	ling Address distration S dision of C . Box 632 lahassee, F	section orporations 7	Street Address: Registration So Division of Co The Centre of 2415 N. Monro Tallahassee, F.	orporations Tallahassee De Strect, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

SUPPLY ALL	- INTL-LLC	
(Name of the Limited Liability (A Florida L	Company as it now appears on our records. united Liability Company))
The Articles of Organization for this Limited Liability Cor	mpany were filed on 11/05/2021	and assigned
lorida document number L21000480238	-	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
N/A		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LUC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	ξ,
Principal office address MUST BE A STREET ADDRE	ESS)	·
		,
Enter new mailing address, if applicable:	N/A	ري
TARREST AND A NOOT OF TOWN		٦
Maining address MAY BE A POST OFFICE BOX		
Mailing address MAY BE A POST OFFICE BOX		
	office address on our records, enter th	ne name of the new regist
3. If amending the registered agent and/or registered o	office address on our records, enter th	ne name of the new registe
3. If amending the registered agent and/or registered of gent and/or the new registered office address here:	office address on our records, <u>enter th</u>	ne name of the new regist
3. If amending the registered agent and/or registered of gent and/or the new registered office address here: Name of New Registered Agent: NAME OF New Registered Agent:	office address on our records, <u>enter th</u>	ne name of the new regist
3. If amending the registered agent and/or registered of gent and/or the new registered office address here:	office address on our records, enter th	ne name of the new regist
Name of New Reinstered 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	JEANSON J. CORONEL	3646 SAN SIMEON CIR	= Add
		WESTON FL, 33531	□Remove
			Change
			□Add
			□Remeve
			Change
			□Remove
			Change
			⊡Add
			[]Remove
			□Change
		□Add	
			□Remove
			□ Change
			□Add
			□ Remove
			Change

. If amendin	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
N/A	
	
	Company of the Compan
Effective do	ite, if other than the date of filing:
(If an effective of Note: If the	inte is listed, the date must be specific and cannot be prior to date of tiling or more than 90 days after filling.) Pursuant to 605.0207 (3) date inserted in this block does not meet the applicable statutory filling requirements, this date will not be listed as the effective date on the Department of State's records.
cocument 8	medice date on the Department of State 8 feetings.
he record spec ord is filed.	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Thorad	AUGUST 04
Dated	
_	Signature of a member or authorized representative of a member
	JEANSON J CORONEL
_	Typed or printed name of signee

Filing Fee: \$25.00

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