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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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07/25/22--01035--009 **25.00

COVER LETTER

TO:

TO: Registration Sect Division of Corpo					
	GET	SUPPLY LLC			
SUBJECT:					
The enclosed Articles of A	nendment and fee(s) are sub	mitted for filing.			
Please return all correspond	lence concerning this matter	to the following:			
	GONZALO CARASA				
		Name of Person			
••		GET SUPPLY LLC			
21427 NE 3 RD PATH					
Address					
		MIAMI, FL 33179			
		City/State and Zip Code			
		@ACOSTASALASUSA.COM			
		to be used for future annual report noul	(cation)		
For further information con	eerning this matter, please c	all:			
GONZALO CARASA		786 956-2017			
Name of I	erson	Area Code Daytime	Telephone Number		
Enclosed is a check for the	following amount:				
■ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &		
Ud Check# 0999	Ceruncate of Status	(additional copy is enclosed)	Certified Copy (additional copy is enclosed)		
Mailing Address: Registration Section		Street Address: Registration Sec	rtion		
Division of Corporations		Division of Corporations			
P.O. Box 6327 Tallahassee, FI	37314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		
ranningsee, i is 52517		Tallahassee, FL 32303			

· ÁRTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2022 JUL 25 PM 3: 41 GET SUPPLY LLC

	01/12/2022	and assigned
lity company here	<u>:</u> :	
nty Company," the desi	ignation "EEC" or the a	abbreviation "L.L.C."
21427 NE 3RD PA	ATH	
21427 NE 3RD P	ATH	
MIMMI PE 351-9		
iddress on our rec	ords, <u>enter the nat</u>	me of the new regi
	, Florida _	Z'n C'ada
	21427 NE 3RD P. MIAMI FL 33179 21427 NE 3RD P. MIAMI FL 33179 ddress on our rec	MIAMI FL 33179 21427 NE 3RD PATH MIAMI FL 33179 ddress on our records, enter the nai

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
MGR	AGUSTIN R. BIJZITTER	21427 NE 3RD PATII	
		MIAMI FL 33179	
			TChange
AMBR	GONZALO CARASA	21427 NE 3RD PATH	
		MIAMI FL 33179	∐Remove
		·	□ Change
			∐Remove
			TChange
			□Remove
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		•	LIRemove
			Remove
	,		- Change