To:



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : R&P ACCOUNTING AND TAXES INC

Account Number : I20170000090 Phone : (305)358-1310 ; (305)503-6701 Fax Number

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 WISE USA LLC

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\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

T. LEMIEUX

To:

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

13055036701

SUPPLY WISE USA LLC							
(Name of the Limited Liability Company as it now appears on our records (A Florida Limited Liability Company)	<u>F)</u>						
The Articles of Organization for this Limited Liability Company were filed on 04/25/2022 Florida document number L22000172354	and assigned						
This amendment is submitted to amend the following:							
A. If amending name, enter the new name of the limited liability company here:							
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."						
Enter new principal offices address, if applicable:							
(Principal office address MUST BE A STREET ADDRESS)							
Enter new mailing address, if applicable:							
(Mailing address MAY BE A POST OFFICE BOX)							
· · · · · · · · · · · · · · · · · · ·	2022						
B. If amending the registered agent and/or registered office address on our records, enter tagent and/or the new registered office address here:	the name of the new registered						
	31 Saft						
Name of New Registered Agent:	<u> </u>						
New Registered Office Address: Enter Florida street address	1: 22 000 000						
, Flo	orida						

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.

Cin

Zip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

13055036701

MGR =	Manager	
AMBR =	Authorized	Member

Title	<u>Name</u>	Address	Type of Action
AMBR	BEATRIZ MOTA FERREIRA	2020 NW 129TH AVE SUITE 203	■Add
		MIAMI, FL 33182	🗆 Remove
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•			□Add
			□Remove
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LABORO SUPPLY LLP	AUTHORIZED MEMBER	75%	
BEATRIZ MOTA FERREIRA	AUTHORIZED MEMBER	25%	
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			···-
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rd specifies a delayed effective date iled.	, but not an effective time, at 12:01	a.m. on the earlier of: (b) The 90th d	ay after
08/30	2022		
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