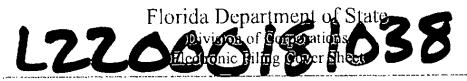
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Division of Corporations



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : 120000000146 Phone : (305)444-4994 Fax Number : (305)328-4774

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Email	Address:	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FCM SUPPLY LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
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AUG 0 3 2022

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FCM SUPPLY LLC		
( <u>Name of the Limited Linbility Compan</u> (A Florida Limited L	iv ns it now appears on our records.) lability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 05/02/2022	and assigned
Florida document number L22000181038		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" o	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)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter th</u>	ne name à f the ne registered
Name of New Registered Agent:		FILE FILE IMSSEE
New Registered Office Address:	Enter Florida street address	<b>S S S S S S S S S S</b>
	, Flor	
	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 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
MGRM	YOSBEL ROQUE RUBIER	3900 WOODLAKE BLVD STE 303B	Add
		GREENACRES, FL 33463	□Remove
			□Change
			□Add
			□Remove
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