# 13000039361

(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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2024 APR 29 AM II: 24 SECRETARY OF STATE

> MAY 1 6 2024 D CUSHING

## **COVER LETTER**

Division of Cor	rporations	
SUBJECT: BIG HORN	N SUPPLY. LLC	
SOBJECT:	Name of Limited Liability Company	
The enclosed Articles of	Amendment and fee(s) are submitted for filing.	
Please return all correspo	ondence concerning this matter to the following:	
	Yanni Ramos	
	Name of Person	
	BIG HORN SUPPLY, LLC	
	Firm/Company	
	9205 128th ave n. BLDG 1409	
	Address	
	Largo, FL, 33773	
	City/State and Zip Code Yanni@bluehornsupply.com	
	E-mail address: (to be used for future annual report notification)	2021
For further information of	eoncerning this matter, please call:	2024 APR 29 AI
Yanni Ramos	at (727 ) 4304710	ا قا -
Name (	of Person Area Code Daytime Telephone Number	AM 11: 24
Enclosed is a check for t	the following amount:	24
■ \$25.00 Filing Fee	\$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee & Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is	tatus &

**Mailing Address:** 

· TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

RECEIVED

-MAR--7-2024-



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

April 16, 2024

YANNI RAMOS BIG HORN SUPPLY, LLC 9205 128TH AVE., N. BLDG 1409 LARGO, FL 33773

SUBJECT: BIG HORN SUPPLY, LLC

Ref. Number: L23000029361

We have received your document for BIG HORN SUPPLY, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$30.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Operations Manager A

Letter Number: 624A00008276

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www.sunbiz.org

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BIG HORN SUPPLY, LLC				S 13
(Name of the Limi	ted Liability Compa	ny as it now appears on Jiability Company)	our records.)	SECOLET SECOLET
	174 Frontia Emilia	smonny company)		品品
The Articles of Organization for this Limited L	iability Company	were filed on $\frac{1/17/26}{1}$	023	and assigned
Florida document number L23000029361				
	<del> · · · ·</del> ·			問言し
This amendment is submitted to amend the following	owing:			SEE SEE
A. If amending name, enter the new name of	f the limited liabi	ility company here:		THE F
<del></del>				
Blue Horn Wholesale LLC  The new name must be distinguishable and contain the	vords "Limited Liabil	ity Company " the design	nation "LLC" or t	ha abbraviation "L. I. C."
The new name must be distinguishable and contain the	voids Litting Elabit			
Enter new principal offices address, if applicable:		9205 128th Ave N.	BLDG 1409, La	argo, Fl., 33773
(Principal office address MUST BE A STREI	ET ADDRESS)		<del> </del>	· <u> </u>
Enter new mailing address, if applicable:		9205 128th Ave N.	BLDG 1409, La	argo, FL, 33773
(Mailing address MAY BE A POST OFFICE	POV)			
Maning dualess MAT BE A FOST OFFICE	BUAJ		<del></del> -	
D. If amonding the registered event and/or	unnistand office o	adduses on our research	udo outoutho	
B. If amending the registered agent and/or agent and/or the new registered office addre		aduress on our reco	ras, <u>enter the</u>	name of the new registered
	•			
Name of New Registered Agent:	Jade Schweiber	ger .		
New Registered Office Address:	424 14th St			
		Enter Florida :	street address	
	Palm Ha <b>r</b> bor		, Florida	, 34683
	<del></del>	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

<u>Title</u>	Name	Address	Type of Action
Mgiz	Manni Ramos	ZIZ8 CORUNET DR	
		CHANGE TiME to mysz)	□Remove
		(CHAnge title to myre)	Z.Change
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D. If amending any other	information, enter change(s) her	<b>e:</b> (Attach additional shee	rts, if necessary.)
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E. Effective date, if other	than the date of filing:	1 000	(optional)
Note: If the date inserted	I in this block does not meet the appli	icable statutory filing require	ements, this date will not be listed as
document's effective date	on the Department of State's record	S.	
If the record specifies a (b) The 90th day after	delayed effective date, but n	ot an effective time, at	: 12:01 a.m. on the earlier of
(b) The 90th day after	the record is med.		
Data I March 4th	2024		
Dated March 4th	. 2024	·	
Dated March 4th	defle-	·	
Dated March 4th	defle-	horized representative of a men	aber