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(Re	questor's Name)	
(Ad	dress)	
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(Do	ocument Number)	
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COVER LETTER

TO: Registration S Division of Co			
	ΓRIALSUPPLYLLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Tatiana Reyes		
		Name of Person	
	JT Industrial Supply LLC		(0 F)
		Firmt/Company	2023 MAR - 8 SANDAPA
	38439 5th Ave, Unit #113	6	
		Address	•
	Zephyrhills, FL 33542		PH To
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	77. 42
	jtindustrialsupplyllc@gmai		Ţ+!
		to be used for future annual report noti	fication)
For further information (concerning this matter, please c	rall:	
Tatiana Reyes		813 702-1781 at ()	
Name	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing 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)
Mailing Addre		Street Address:	ction
Registration Division of (Registration Se Division of Cor	
P.O. Box 63.	27	The Centre of T	Tallahassee
Tallahassec,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TINDUSTRIALSUPPLYELC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our rec Liability Company)	erds.)
The Articles of Organization for this Limited Liability Company	were filed on 02/06/2023	and assigned
Florida document number L23000067439		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	oility company here:	
JT Industrial Supply LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "l	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	38439 5th Ave, Unit #1136	, Zephyrhills, FL 33542
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	38439 5th Ave, Unit #1136	, Zephyrhills, FL 33542
		023 E.S.
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>en</u>	ter the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		pi N
-	Enter Florida street ad	dress
		Florida
	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>	<u>Name</u>	Address	Type of Action
			□Remove
			Change
			
			•
			Change
		ـــــــــــــــــــــــــــــــــــــ	PriAdd ☐Add ☐Remove
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ctive date, if other than the date of filing: $\frac{02/28/202}{1}$	23 (optional)
effective date is listed, the date must be specific and cannot be pri	ior to date of filing or more than 90 days after filing.) Pursuant to 605.0 licable statutory filing requirements, this date will not be listed
iment's effective date on the Department of State's record	
ord specifies a delayed effective date, but not an effective filed.	e time, at 12:01 a.m. on the earlier of: (b) The 90th day after t
ed_02/28/2023	
	·
(1)	

Typed or printed name of signee