## 123000122513

| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| (Ad                     | ldress)            |             |
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|                         |                    |             |
| (Cit                    | ty/State/Zip/Phone | e #)        |
| PICK-UP                 | MAIT               | MAIL        |
| (Bu                     | siness Entity Nar  | ne)         |
|                         |                    |             |
| (Do                     | cument Number)     | <u>.</u>    |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
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Office Use Only



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## **COVER LETTER**

| TO: Registration Sc<br>Division of Cor |   |   |   |                  |
|--|---|---|---|------------------|
| SUBJEGT: Suf                           | oply and To<br>Name of Limit              | ited Liability Company  | <del></del>   |                  |
| The enclosed Articles of               | Amendment and fee(s) are sub-             | mitted for filing.  |   |                  |
| Please return all correspo             | ndence concerning this matter             | to the following:   |   |                  |
|  | Jon                                       | Name of Person  |   |                  |
|  | Supply                                    | and Trading C   | oupany_   |                  |
|  | 9077                                      | Bolton Roug   | d   |                  |
|  | New Smyrna                                | Bch, fl 32/ City/State and Zip Code                                 | 68  |                  |
|  | Supply and to                             | rading Company Q 9  | mail. COM   |                  |
| For further information co             | oncerning this matter, please ca          | all:  |   |                  |
|  | HuPF<br>Person                            | at ( <u>707</u> ) <u>871</u><br>Area Code Daytim                    | So 10 TO  | , 2000<br>Verene |
| Enclosed is a check for th             | ne following amount:                      |   |   | ا پا<br>ا        |
| □ \$25.00 Filing Fee                   | S30.00 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 Address:
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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Supply an  | 1 Trading Com   | RMY LLC   |
|--|---|---|
| (Name of the Limited Liability Comp.<br>(A Florida Limited   | any as it now appears on dur records.)<br>Liability Company)            | 1   |
| The Articles of Organization for this Limited Liability Company  | were filed on Nowember 8,   | and assigned                                    |
| Florida document number <u>L23000122513</u> .  | ,   |   |
| This amendment is submitted to amend the following:  |   |   |
| A. If amending name, enter the new name of the limited liab  | oility company here:  |   |
| The new name must be distinguishable and contain the words "Limited Liabi  | lity Company," the designation "LLC" or the                             | ne abbreviation "L.L.C."                        |
| Enter new principal offices address, if applicable:  |   |   |
| (Principal office address MUST BE A STREET ADDRESS)  |   |   |
|  |   | <u> </u>  |
| Enter new mailing address, if applicable:  |   |   |
| (Mailing address MAY BE A POST OFFICE BOX)   |   |   |
|  |   |   |
| B. If amending the registered agent and/or registered office   | address on our records, enter the i                                     | anne of the new registèred                      |
| agent and/or the new registered office address here:   | address on our records, enter the r                                     | Tame Orthonic Vicasia                           |
|  |   |   |
| Name of New Registered Agent:  |   | <u> </u>  |
| New Registered Office Address:   |   | 77  |
|  | Enter Florida street address  | THE ST  |
|  | Florida   | 1   |
|  | City  | Zip Code  |
| New Registered Agent's Signature, if changing Registered Agent   |   | 1 1 1   |
| I hereby accept the appointment as registered agent and agr<br>provisions of all statutes relative to the proper and complete<br>accept the obligations of my position as registered agent as<br>being filed to merely reflect a change in the registered office<br>company has been notified in writing of this change. | e performance of my duties, and Lo<br>provided for in Chapter 605, F.S. | am familiar with and<br>Or, if this document is |
|  |   |   |

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

| Title         | <u>Name</u> | Address            | Type of Action   |
|---------------|-------------|--------------------|--|
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| fective date, if other than<br>n effective date is listed, the date<br>ote: If the date inserted in thi<br>cument's effective date on the | is błock does not i                            | meet the applicabl   | date of filing or more<br>e statutory filing r | (option) than 90 days after file equirements, this d | al) 1500<br>ing.) Pursuant to 501<br>ate will not be list | 5.020  |
| ecord specifies a delayed effe<br>is filed.   | ective date, but no                            | ot an effective time | e, at 12:01 a.m. on                            | the earlier of: (b)                                  | The 90th day afte   | er the |
| ted November  | 8  | 2023                 |  |  |   |        |
|   | 10   | Al                   |  | <del></del>  |   |        |
|   | Signature of a                                 | member or authoriz   | ed representative of                           | a member   |   |        |