7/21/23, 12.12 PM

Division of Corporations

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(((H23000254998 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : JP GLOBAL BUSINESS

Account Number : I20130000083 Phone : (305)359-3700 Fax Number : (786)217-1243

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **ALL 360 SUPPLIES LLC**

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Tallahassee, FL 32314

| * | , , | COVER LETTER | (H23000254998 3) |
|---|--|--|--|
| TO: Registration S Division of Co | | · | . (|
| eunica. | ALL 36 | SUPPLIES LLC | |
| SUBJECT: | | uted Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filmg. | |
| Please return all correspond | ondence concerning this matter | to the following: | |
| | | SONIA BOTERO | |
| | | Name of Person | |
| | л GLOBA | AL BUSINESS SOLUTIONS | INC |
| | - | Firm/Company | |
| | 1395 | BRICKELL AVE STE 800 | |
| | | Address | |
| | | MIAMI, FL 33131 | |
| | | City/State and Zip Code | |
| | | STER@JPGBUSINESS.COM 10 be used for future annual report | |
| For further information of | concerning this matter, please c | all: | |
| SONIA E | BOTERO | 305 359-37 | 700 |
| Name o | f Person | | ytime Telephone Number |
| Enclosed is a check for t | he following amount: | | |
| ■ \$25 00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | 555.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address | | Street Addres | |
| Registration Section Division of Corporations | | Registration Division of | Corporations |
| P.O. Box 6327 | | The Centre | of Tallahassee |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION (H23000254998 3) OF

| ALL 360 SUPP | LIES LLC | | | |
|--|---|------------------------|-------------------|---|
| (Name of the Limited Liability Compa (A Florida Limited | ny as it now appear Liability Company) | s on our records.) | | |
| The Articles of Organization for this Limited Liability Company Florida document number | were filed on | 6/20/23 | and assig | med |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited liab | ility company he | <u>re</u> : | | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the de | signation "LLC" or the | abbreviation "L L | <u>c."</u> |
| Enter new principal offices address, if applicable: | | | | |
| (Principal office address MUST BE A STREET ADDRESS) | 3350 SW 148th | AVENUE STE 101 | | |
| | MIRAMAR, FL | 33027 | | |
| Enter new mailing address, if applicable: | | | | |
| (Mailing address MAY BE A POST OFFICE BON) | 3350 SW 148th. | AVENUE STE 101 | | |
| | MIRAMAR, FL 33027 | | | |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: | | da street oddress | EALLAHASSECTE OF | PROVED |
| | On: | Florida _ | <u> </u> | Spending of the median of the |
| | CIÙ. | | . Lip Coa | |

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 (H23000254998 3)

| <u>Title</u> | Name | Address | Type of Action |
|--------------|-----------------------|------------------------------|-----------------|
| AMBR | DIAZ CRESPO, ISABELLA | 3350 SW 148th AVENUE STE 101 | □ Add |
| | | MIRAMAR, FL 33027 | □Rетюче |
| | | - | |
| AMBR | CRESPO, NOEL D | 3350 SW 148th AVENUE STE 101 | □Add |
| | | MIRAMAR, FL 33027 | ⊡Remove |
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| If amendi | H2300025499) ag any other information, enter change(s) here: (Attach additional sheets, if necessary.) | ğ |
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| Tective de | ate, if other than the date of fling: | |
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| ermient's (| effective date on the Department of State's records. | . 43 |
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| is filed. | cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after | ibe |
| | AG HELV LOUI ACCOUNT | |
| ited | 19 JULY 10th 2023 | |
| | Soppla Him | |
| _ | Signature of a member or authorized representative of a member | |
| | ISABELLA DIAZ CRESPO | |
| | Typed or printed name of signee | |