L23000358060

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TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

SUPPLY CHAIN SYNERGIES LLC SUBJECT: _ Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Jeisson Tavarez Name of Person SUPPLY CHAIN SYNERGIES LLC Finn/Company 55 W CHURCH ST apt 3120 Address ORLANDO, FL 32801 City/State and Zip Code jtr@jeissontherealtor.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jeisson Tavarez 316-1127 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: **■ \$**25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fcc. Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations 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 OF

SUPPLY CHAIN SYNERGIES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Florida document number L23000358060	were filed on 07/31/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5509 COMMERCE DRIVE SUIT	EΑ
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO, FL 32839	
Fore and the state of small and the	5509 COMMERCE DRIVE SUIT	= A
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ORLANDO, FL 32839	
(Matting duaress MAT BE A FOST OFFICE BOX)	-	:
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	M/A	name of the new registered
		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Enter Florida street address	· · · · · · · · · · · · · · · · · · ·
	, Florid	a
		aZip Code

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>	<u>Address</u>	Type of Action
MGR	Jeisson Tavarez	55 W CHURCH ST apt 3120	≣Add
		ORLANDO, FL 32801	□Remove
			□Change
			□Add
		□ Remove	
,			⊡Add
			□Remove
			
			□Remove
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effective date is listed, the date must be e: If the date inserted in this block				
iment's effective date on the Depa			requirements, this date	will lot oc listed a
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ord specifies a delayed effective d	ate, but not an effective t	ime, at 12:01 a.m. or	the earlier of: (b) T	ic 90th day after th
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