

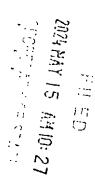
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COVER LETTER

TO:	Registration S Division of Co		ý ý
CUBIE	CT.		R&L SUPPLY LLC
SUBJE(CI:	Name	of Limited Liability Company
The enc	losed Articles o	f Amendment and fee(s):	are submitted for filing.
Please re	eturn all corresp	condence concerning this	matter to the following:
		LORRAINE CAST	ELLINI
			Name of Person
		R&L SUPPLY LLO	:
			Firm Company
		3809 SW ST LUCI	E SHORES DR
			Address
		PALM CITY, Ft. 3-	4990
			City/State and Zip Code
		RICKCASTELLINI	-r
For furtl	her information	concerning this matter, p	dress: (to be used for future annual report notification)
LORRA	AINE CASTELI	INL	609 780-1133
	Name	of Person	Area Code Daytime Telephone Number
Enclosed	d is a check for	the following amount:	
■ \$25	.00 Filing Fee	☐ \$30.00 Filing Fee Certificate of Sta	
	Mailing Addre		Street Address:
	Registration Division of 6	Corporations	Registration Section Division of Corporations
	P.O. Box 63	27	The Centre of Tallahassee
	Tallahassee,	FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

R&L SUPPLY LLC

(<u>Name of the Limited</u> (A	Liability Compa Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liab Florida document number L23000515165	oility Company	were filed on 11/15/2023	and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liab	oility company here:	
The new name must be distinguishable and contain the wor	ds "Limited Liabi	lity Company." the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	3809 SW ST LUCIE SHORES D	R
(Principal office address MUST BE A STREET	PALM CITY, FL 34990	. 21	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or regagent and/or the new registered office address	gistered office :	3809 SW ST LUCIE SHORES D PALM CITY, FL 34990 address on our records, enter the	ЛН IO: 27
Name of New Registered Agent:	LORRAINE CASTELLINE		
New Registered Office Address: 3809 SW		UCIE SHORES DR	
	PALM CITY		da <u>34990</u>
		Citv	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
MGR	LORRAINE CASTELLINI	LORRAINE CASTELLINI	
		3809 SW ST LUCIE SHORES DR	
		PALM CITY, FL 34990	_
AMBR	RICK CASTELLINI	RICK CASTELLINI	
		3809 SW ST LUCIE SHORES DR	≣Remove
		PALM CITY, FI. 34990	□Change
			□Add
			□Remove
			Change
			□Add
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ed MAY 7 2024	s, this date will not be listed as
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ed MAY 7	of: (b) The 90th day after the
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- The state of the	
Signature of a member or authorized representative of a member	
LORRAINE CASTELLINI	