

2/15/24, 11:26 AM

Division of Corporations

L24000063199

Florida Department of State
Division of Corporations
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(((H24000063199 3)))



H240000631993ABC1

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To:

Division of Corporations
Fax Number : (350)617-6383

From:

Account Name : ACCOUNTING TAX PRO GROUP LLC
Account Number : 120220000157
Phone : (407)377-7752
Fax Number : (407)413-8813

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
SUPPLY INDUSTRIES INTL LLC

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$30.00

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2024 FEB 15 PM 1:01
SECRETARY OF STATE
TALLAHASSEE FL

T. LEMIEUX

FEB 16 2024

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COVER LETTER H24000063199 3

TO: Registration Section
Division of Corporations

SUBJECT: SUPPLY INDUSTRIES INTL LLC
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:

CESAR A. PORRAS CONTRERAS

Name of Person

Firm/Company

219 FLAMINGO DR. P.O. BOX 3231

Address

APOLLO BEACH, FL 33572

City/State and Zip Code

E-mail Address (to be used for future annual report notification)

For further information concerning this matter, please call:

CESAR A. PORRAS CONTRERAS

508

3146964

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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

H24000063199 3

ARTICLES OF AMENDMENT #24000063199 3 TO ARTICLES OF ORGANIZATION OF

SUPPLY INDUSTRIES INTL LLC

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

The Articles of Organization for this Limited Liability Company were filed on 02/06/2024 and assigned
Florida document number L24000063199

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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 name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

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

#24000063199 3

H 2700000001110
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>	<u>Type of Action</u>
AMBR	Gregorio Rodriguez	219 FLAMINGO DR., P.O. BOX 3231	☒ Add
		APOLLO BEACH, FL 33572	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

424000063199 3

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

F. Effective date, if other than the date of filing: _____ (optional)
If later than date of filing or more than 90 days after filing

Effective date, if other than the date of filing: 10/1/2014
 If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. Pursuant to 605.0267 (3)(b) if an effective date is listed, the date must meet the applicable statutory filing requirements. This date will not be listed as the effective date if it does not.

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed

Dated

February 15, 2024

Signature of a member or authorized representative of a member

CESAR A. PORRAS CONTRERAS

Typed or printed name of signee

424000063199 3

Filing Fee: \$25.00

1/25/24, 10:1 PM

H24000034421 3

Division of Corporations

Florida Department of State
Division of Corporations
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H24000034421 3

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To:

Division of Corporations
Fax Number : (950) 617-6383

From:

Account Name : TAXLEAF.COM INC
Account Number : 120149000034
Phone : (950) 617-6617
Fax Number : 1786713-1940

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 ORM/MG RESIGN
PAMPA GALGO II LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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TALLAHASSEE, FL

2024 FEB 15 PM 1:04

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Electronic Filing Menu

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FEB 16 2024

H24000034421 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PAMPA GALGO II LLC

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

The Articles of Organization for this Limited Liability Company were filed on 03/13/2023 and assigned
Florida document number 123000129194.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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 name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

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

H24000034421 3

H24000034421 3

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>	<u>Type of Action</u>
AMBR	ONE DREAM REAL ESTATE	2501 NW 32ND ST	☐ Add
		BOCA RATON, FL 33434	☒ Remove
			☐ Change
MGR	NOELIA POLLOLA	4206 EASTGATE DR STE 401	☐ Add
		ORLANDO, FL 32839	☒ Remove
			☐ Change
MGR	FERNANDO PALADINO	2501 NW 32ND ST	☒ Add
		BOCA RATON, FL 33434	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

H2400003-4-21 3

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.027 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed

Dated DECEMBER 13TH 2023

Signature of a member or authorized representative of a member

FERNANDO PALADINO

Typed or printed name of signee

1124000034421 3