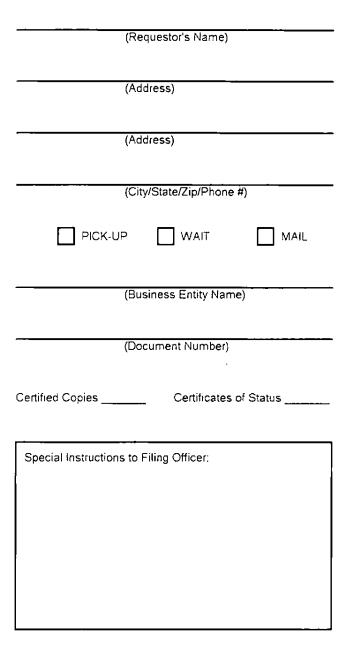
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COVER LETTER

TO:

Registration Section

Division of Cor	porations		
NORM SU			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	OMER F KARAMAN		
		Name of Person	
	None		
		Firm/Company	
	59 PRESCOTT AVE		
	-	Address	
	GARFIELD, NJ, 07026		
		City/State and Zip Code	
	ofarukkaraman 19@gmail.c	om to be used for future annual report ne	vification)
For further information c	oncerning this matter, please c		
DAVID F GALLANT		201 5080808	
Name o	f Person	at () Area Code Dayti	me Telephone Number
Enclosed is a check for th	ne 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)
34-92 A.d.d		Samue Addenson	
Mailing Addres Registration S		<u>Street Address:</u> Registration S	ection
Division of C		Division of Co	
P.O. Box 632		The Centre of	
Tallahassee, I	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NORM SUPPLY LLC		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 04/03/2024	and assigned
lorida document number 1.24000160277		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liabi	ility company here:	
NORM SUPPLY FL LLC		
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" o	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		0024 HA
		
nter new mailing address, if applicable:		SS ze rn
Agiling address MAY BE A POST OFFICE BOX)		
numing understand DEATOST OF THE BONY		F. 2
		111
. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address on our records, <u>enter th</u>	ne name of the new registo
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	emier vanau savet adaress	
	, Flor	ida Zip Code
	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

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>	Address	Type of Action
			□Change
			□Remove
			☐Change
			Remove
			□Change
			□Add
			□Remove
			☐ Change
	~		_Add
			□Remove
			Change
			□Remove
			□Change

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Trating data if other than the date o	of filing.			(ontional)	
Tective date, if other than the date on effective date is listed, the date must be spec-	cific and cannot be prior	to date of filing or	more than 90 da	ys after filing.) Pr	irsuant to 605.
ote: If the date inserted in this block does coment's effective date on the Department.			iing requiremei	its, this date wi	ii not de iiste
record specifies a delayed effective date, is filed.	but not an effective t	ime, at 12:01 a.r	n. on the earlie	rof:(b) The 9	0th day after
is med.					
	0004				
APRIL 15	2024	_			
APRIL 15		•			
	,	·			
	, 2024 are of a member or auth	orized representat	ive of a member		
	,	orized represental	ive of a member		

Filing Fee: \$25.00