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## **COVER LETTER**

TO: Registration So Division of Con				
	PLIER LLC			
SUBJECT:	Name of Lin	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	unitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	YELIBETH ACOSTA			
		Name of Person		
	L&V SUPPLIER LLC			
		Firm/Company	<del>-</del>	
	1825 MAIN ST SUITE 07			
	<del></del>	Address		
	WESTON, FL 33326			
		City/State and Zip Code		
	baruch.multiservices@gma			
For further information of	e-man address: t concerning this matter, please c	to be used for future annual report no all:	inication)	
YELIBETH ACOSTA		954 683-6082 at ()		
Name o	of Person	Area Code Daytii	ne Telephone Number	
Enclosed is a check for t	he 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		Street Address: Registration S	ection	
Division of Corporations		Division of Corporations		
P.O. Box 6327			The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

L&V SUPPLIER LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
Γhe Articles of Organization for this Limited Liability Company	were filed on 05/23/2024	and assigned
Florida document number L24000238752		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	r 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)		
		;
		23
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	e p: of age new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flori	da
	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 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	YURBELYS LOZANO	1825 MAIN ST SUITE 07. WESTON, FL 33326	<b>=</b> Add
			Remove
			□Change
			□Add
		<del></del>	□Remove
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			□Add
			□Remove
			□Change
<u></u>			□Add
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			□Remove
			Change

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