

M19000000 5/39

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Wrong form 4085

Office Use Only



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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
19 JUL 11 PM 12:09

JUL 16 2019

D CUSHING

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: L2 Supplies and Services 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:

Lisa Bonds  
Name of Person

L2 Supplies and Services LLC  
Firm/Company

7450 Dr. Phillips Blvd. St 308  
Address

Orlando, Florida 32819  
City/State and Zip Code

lbonds@L2SuppliesServices.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LISA Bonds at ( 800 ) 349-6119 ext 801  
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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

FILED  
STATE  
DIVISION OF CORPORATIONS  
19 JUL 11 PM 12:09



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 26, 2019

LISA BONDS  
L2 SUPPLIES AND SERVICES LLC  
7450 DR PHILLIPS BLVD., STE 308  
ORLANDO, FL 32819

SUBJECT: L2 SUPPLIES AND SERVICES LLC  
Ref. Number: M19000005139

We have received your document for L2 SUPPLIES AND SERVICES LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida Limited Liability Company, but your entity is a Foreign Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing  
Senior Section Administrator

Letter Number: 219A00012958

2019 JUL 11 AM 10:08

RECEIVED

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: L2 Supplies and Services LLC

Enter new principal office 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

FILED  
STATE  
SECRETARY  
DIVISION OF  
19 JUL 11 PM 12:09

2. The Florida document number of this limited liability company is: M19000005139

3. Jurisdiction of its organization: Virginia

4. Date authorized to do business in Florida: 5/15/2019

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer 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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Lisa Bonds</u>	<u>7450 DR. Phillips Blvd STE 308</u> <u>Orlando, FL 32819</u>	<input checked="" type="checkbox"/> Add

☐ Remove

<u>MGR</u>	<u>Marcus Bonds</u>	<u>7450 DR Phillips Blvd STE 308</u> <u>Orlando, FL 32819</u>	<input type="checkbox"/> Add
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9. Attached is a certificate, if required: no more than 90 days old, evidencing the  
aforementioned amendment(s), duly authenticated by the official having custody of records in the  
jurisdiction under the law of which this entity is organized.

Lisa Bonds

Signature of the authorized representative

Lisa Bonds

Typed or printed name of signee

Filing Fee: \$25.00