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TO:

Registration Section

Division of Cor	porations		
SUBJECT:	LPREME AS	Stonish, LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	202 TAI
Please return all correspo	ondence concerning this matter	to the following:	5 Ju
	ρ	Name of Person Name of Person Name Action is h	SECHE MARTIE STATE TALL ABASSEE FITTOM
	<u>300 B</u>	Discayne Blud.	Way
	Mian	City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information e	oncerning this matter, please c	all:	
Pedro Name o	Tavarez-	at (<u>917</u>) <u>550 °</u> Area Code Daytim	- 6349 e Telephone Number
Enclosed is a check for the	ne following amount:		
말 \$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 Addres Registration S Division of C	Section	<u>Street Address:</u> Registration Sec Division of Cor	
P.O. Box 632	7	The Centre of T	allahassee
Tallahassee, I	"L 34314	Z415 IN. IVIONFO	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Supreme Astonish (Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) .nability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L2500037979</u> 6	were filed on 6/18/2025 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity 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 agent and/or the new registered office address here:	Miami, FL 33131 FR
Name of New Registered Agent: New Registered Office Address: 300	Biscagne Blud. Way Emer Floridu street address
Mia.	City . Florida 33 3 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>	Name	Address	Type of Action
AMBR	Edwin Garcia	200 Biscayne Blud. Way	□Add
		Miami, FL 33131	_ BRemove
			□Change
AMBR	Boris Inzhin	200 Biscayne Blud Way	□ Add
		Miami, FL 33131	Remove
			□Change
AMBR	Pedro Tavanez	300 Biscayne Blud. Way	□Add
		Miami, FL 33131	□Remove
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(If an effe <u>Note:</u> I	to date, if other than the date of filing:	ling.) Pursuant to 6	905.0207 (i isted as ti
he record ord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) d.	The 90th day a	fter the
Dated_	June 24, 2025.		
	Pedan Tourage Signature of a member or authorized representative of a member		
	Signature of a member or authorized representative of a member Pedro Tova rea Typed or printed name of signee		
	to-la lour and		

Filing Fee: \$25.00