

**L080000076914**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

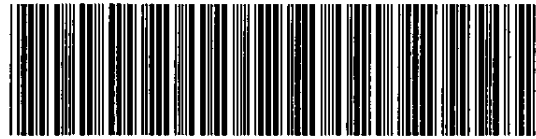
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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2008 SEP 30 PM 1:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*C-8.10-1*

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: THE SUPRA VANTAGE, 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:

**MICHAEL LAPAT**

(Name of Person)

**LAW OFFICES OF MICHAEL LAPAT**

(Firm/Company)

**3300 UNIVERSITY DRIVE, SUITE 311**

(Address)

**CORAL SPRINGS FL 33065**

(City/State and Zip Code)

For further information concerning this matter, please call:

**JULIE HANCOCK**

(Name of Person)

at ( 954 ) 345-6442

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**FILED**

2008 SEP 30 PM 1:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**THE SUPRA VANTAGE, 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 08-11-2008 and assigned  
Florida document number L08000076914.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	WARRICK C. NORMAN	823 N.E. 5th Street, #6 Hallendale FL 33056	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	TIMOTHY C. MINGO	823 N.E. 5th Street, #6 Hallendale FL 33056 MGR	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	WARRICK C. NORMAN	20900 N.E. 30th Ave., 8th Fl. Suite 12 Aventura FL 33180	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	TIMOTHY C. MINGO	20900 N.E. 30th Ave., 8th Fl. Suite 12 Aventura FL 33180	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Principal and Mailing address changed to:

20900 N.E. 30th Ave., 8th Fl. Suite 12

Aventura FL 33180

Dated 9/21/08, 2008

Warrick C. Norman

Signature of a member or authorized representative of a member

WARRICK C. NORMAN, MANAGER

Typed or printed name of signee

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2008 SEP 30 PM 1:29  
SEC. OF STATE  
TALLAHASSEE, FLORIDA