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N. HARRES

## **COVER LETTER**

TO: Registration Sec Division of Corp				
Supreme Ma	rble and Pavers LLC			
SUBJECT.	Name of Limi	ited Liability Company	· · · ·	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
	Victor R Maciel			
Name of Person				
	Supreme Marble and Paver	rs LLC		
		Firm/Company		
	3206 Country Side st			
		Address		
•	Brandon Florida 33511			
	Victor7591@aol.com	City/State and Zip Code		
	E-mail address: (t	to be used for future annual report notific	ation)	
For further information co	ncerning this matter, please ca	all:		
Victor R Maciel		813 610 9322 at ()		
Name of	Person	Area Code Daytime T	Telephone Number	
Enclosed is a check for the	e 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Supreme Marble and Pavers LLC				·····	
(Name of the Lim	ited Liability Comp (A Florida Limited	anv as it now appears on o Liability Company)	our records.		
The Articles of Organization for this Limited I Florida document number L08000108825	Liability Compan	y were filed on July 12	2016	and ass	igned
rionda document number	•				
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited lia	bility company here:			
The new name must be distinguishable and contain the	words "Limited Liab	oility Company," the designa	tion "LLC" or the al	obreviation "L	L.C."
Enter new principal offices address, if appli	cable:				<del>,,</del>
(Principal office address MUST BE A STRE	ET ADDRESS)				
		<del></del>			
Enter new mailing address, if applicable:		3206 Country Side st	Ī	三 33511 三	i.
(Mailing address MAY BE A POST OFFICE	BOX)		-		arg romen
				7	† †
B. If amending the registered agent and			records, enter	the name	of the new
registered agent and/or the new registered o	office address he	<u>re</u> :	3	20 ATE	
Name of New Registered Agent:			·		····
New Registered Office Address:	3206 Country				
	<b>.</b> .	Enter Florida str			
	Brandon	City	, Florida	Zip Code	
N B 14 N 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		City		Esp 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>	Name	Address	Type of Action
MGRM	Marcela Insalaco	4006 w cayuga st tampa 33614	□ Add
			Remove
			Change
			Add
			Remove
			Change
			☐ Remove
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		the date of fil	ing:	o date of filing or more	(option than 90 days after frequirements, this	filing.) Pursuant to 6	05.0207
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