## 00018016

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**EXAMINER** 

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## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJE	CT: Supreme MARKETING Solutions, LLC Name of Limited Liability Company	
The end	losed Articles of Amendment and fee(s) are submitted for filing.	
Please r	eturn all correspondence concerning this matter to the following:	
	ALEX COLON Name of Person  Supreme MARICETING Solutions, LLC Firm/Company	
	7700 BALBOA Street Address	
	Synrise FL 33351 City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For furt	ner information concerning this matter, please call:	
<u></u>	Name of Person at (561) 860 - 1143  Area Code & Daytime Telephone Number	
Enclose	is a check for the following amount:	
<b>\( \sq</b> \$25.	O0 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee &  \text{S60.00 Filing Fee, } \text{Certificate of Status &  \text{Certified Copy (additional copy is enclosed)}} \text{Certified Copy (additional copy is enclosed)}	d)

MAILING ADDRESS: Registration Section

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 MARKETING Solutions, UC	
Supreme MARKETING Solutions UC  (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 02 23 2009 and ass Florida document number <u>L09060018016</u> .	signed
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 "L.L.C."	abbreviation
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 address on our records, enter the name of registered agent and/or the new registered office address here:	of the new
Name of New Registered Agent:	
New Registered Office Address:  Enter Florida street address	<b>2</b>
City Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	
City  City  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 act in the provisions of all statutes relative to the proper and complete performance of my duties, and I am familian accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this doct being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liabil company has been notified in writing of this change.	ument is

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRW	Judith Carnasonius	2700 BAUGOA STREET SUNNISE, FL 33351	Add  Remove
			Add Remove
			Add Remove
			AddRemove
			Add Remove
·			Add Remove
D. If amend	ing any other information, enter chang	e(s) here: (Attach additional sheets, if necessa	ury.)
Dated M	44.21 ,201	٥٩	
	Signature of a member	r or authorized representative of a member	PIL  O9 MAY 26  SEURE FAIL TALL AHASS
	1 \ - 0 / 2	or printed name of signee	m
	-	Page 2 of 2	26 AM 9: I
	F	iling Fee: \$25.00	9: 1 STAT